

Wylie Ortho Stars!

Please complete and sign this form so that we may feature you in our newsletters and website!

Patient Name: _____

Event/information to be included (optional):

Please check all that apply:

I give permission for Wylie Orthodontic Specialists to use my/my child's **full name** in their website and/or newsletter. (**First name** and **last initial** will be used otherwise.)

I give permission for my photo/my child's photo to be used in the newsletter or website.

Other:

Signature _____

Date _____ Relationship: _____

You may fax this to us at 972-941-9394 or bring it with you to your next appointment.

Thank you.

Wylie Orthodontic Specialists