



Contemporary Dentistry and Implantology

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And Associates

- Diplomate of the American Board of Oral Implantology/Implant Dentistry
- Fellow of the American Academy of Implant Dentistry
- Master and Fellow of the International Congress of Oral Implantology

Patient Consent:

I, _____, agree to allow Dr. Argeros and his team to use my photos and success story so other patients may know of the benefits of Dr. Argeros' dentistry. I understand that my photos and success story may be used in educational arenas and in other media and materials that promote the type of dentistry Dr. Argeros and his team perform in his practice. I understand my consent is given for value received and without further consideration or compensation.

Signature: _____ Date: _____