



COMPREHENSIVE
PROSTHETICS & ORTHOTICS

TESTIMONIAL and/or DESCRIPTION OF PHOTOS

If you need additional room, please use back of page.

RELEASE OF INFORMATION

I hereby grant Comprehensive Prosthetics & Orthotics, its subsidiaries, parent company (if applicable), licensees and affiliates the right to use photo(s) or video(s) of me and/or approved quote(s) given by me without restrictions, to copyright, to use and to publish, in whole or in part, and use my name in conjunction therewith, for any lawful purpose including advertising, public relations and inclusion on website(s).

Patient's Physician/Healthcare Provider: _____

Today's Date: _____

Signature: _____

Name (please print): _____

Address: _____

City, State Zip: _____

Describe Outfit Worn in Photo (to ensure photo / name are properly matched):

Witness Signature: _____

Name (please print): _____