Patient Testimonial



We invite you to write about your experience with OrthoWashington below.		ORTHOWASHINGTON
Please use the back of this form if you need more room.		
Authorization and Release		
I understand my testimonial as outlined in the statements above and/or in the photo/dr. made by myself may be used to publicize and promote OrthoWashington ("The Busines likeness, brief biological information and The Testimonial as defined on this form or by	ss"). I authorize The Bu	
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I hereby hold harmless and release The Business from all claims, demands, and causes administrators, or any other persons acting on my behalf or on behalf of my estate may		
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