



Visual Image and Testimonial Release Form

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Date

Signature

Telephone

Signature of Parent or Guardian if under 18 years of age

Address

Email

Check one:

☐ Doctor ☐ CA ☐ Consultant ☐ Patient ☐ Staff

**Please complete this form and either scan/
email it to diane.hartman@chirohealthusa.com
or fax it to 888-685-2220.**