



Grayhawk Prosthodontics, P.C.

Please briefly answer the following questions:

1. What is the reason for your visit here today?

2. What is your main concern in having dental treatment?

Photo Release

I give my permission for Dr. Maleki to use my photographs, radiographs, and/or models in any presentation to any individual or group, and can discuss treatment for any purpose he deems necessary without recourse or compensation. This would include possibly posting before and after pictures on Dr. Maleki's website www.grayhawkprosthodontics.com.

Print Name: _____

Signed: _____

Date: _____