



Marketing Authorization

According to federal law we must ask for your permission to send to you via email or regular mail information regarding our practice such as products we sell, promotions we have or any services the practice offers (i.e. office promotions that include Botox events and/or special discounts). Our office **DOES NOT** sell our patients names or other personal information.

This authorization is effective until revoked in writing.

_____ **Yes** I agree with the above and give permission to The Institute of Facial & Oral Surgery to mail me with any promotion or events as stated above.

Patient Signature: _____ Date: _____

Patient Printed Name: _____

Email Address: _____

_____ **No** I do not agree with the above and give permission to The Institute of Facial & Oral Surgery to mail me with any promotion or events as stated above.

Patient Signature: _____ Date: _____

Patient Printed Name: _____