

SUPER SEAL® PRODUCT TESTIMONIAL

Testimonial: _____

Name: _____

Title: _____

City, State or Province, Country: _____

Telephone #: _____ Email: _____

I hereby release and authorize Phoenix Dental, Inc. to use the above testimonial, my name, title and city/state/province/country in any literature and/or advertising, if they do so desire.

Optional: ____ I have also sent a small photo of myself that Phoenix Dental may use next to my testimonial and name, if they do so desire.

Signature: _____

Date: _____

We thank you for helping us tell prospective customers about Super Seal!

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