

Please take a moment of your time to tell us how you feel about your new smile and your experience with us.

How has this decision changed your life?

The office of Dr. Greg Nicholson and/or Cosmetic Dentistry of Murfreesboro has my consent to use my testimonial and photographs of my face and/or teeth for patient education and/or marketing purposes. I am in no way authorizing the use of my name or other personal information unless noted otherwise on this document.

Signature

Date

Printed Name