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## Media & Social Release Form

I, \_\_\_\_\_ (please print), do hereby grant permission to Oakton Dental Center to post mine or my child's photo, or other item to our Website, Facebook, Twitter, Instagram, Youtube or other Social Media pages. The Health Insurance Portability and Accountability Act still holds its place and I have been informed that absolutely no medical information will be released with the signing of this form. Now, we do acknowledge that any patients that are under 18 years of age may not sign this without their parent present or parent's permission. If you are a parent signing for your child please enter their name in the space provided below.

Patient's Signature Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_