



GARFINKLE
ORTHODONTICS
HIGH TECH HIGH TOUCH

Patient Name: _____
(Your name will appear as first name and last initial)

Tell us about what you have been doing...

Accomplishment/Event: _____

Description: _____

If you would like to include a photograph with your news, please e-mail it to info@garfinkleortho.com or feel free to include with the form.

I hereby authorize the publication of the information provided on this form on the GO Team quarterly newsletter. Publication may be electronic (on the internet and e-mailed) as well as hard copy. **Please note: Name will appear as first name and last initial. This signed formed is required to be included in our newsletter.**

Patient Signature: _____ Date: _____

Parent/Guardian Name: _____

Patent/Guardian Signature: _____ Date: _____

Form can be mailed to us at:
Garfinkle Orthodontics
1616 SW Sunset Blvd., Suite G
Portland, OR 97239