

family**HEARING**center

DATE: _____

I _____ allow the staff of Family Hearing Center to take my picture and display it on the Family Hearing Center Facebook page showing that I am a happy & satisfied customer.

If at any time I am concerned with my information being on the Family Hearing Center Facebook page, or if I want it removed, the staff agrees to remove it immediately.

NOTE: This is strictly to show our Patients how truly satisfied you are as a Patient with your Hearing Aids and we appreciate you allowing us to share the good news!! We will not share this information other than stated above. It is strictly for our use only.

Patient Signature X: _____

Patient DOB: _____