

NEWSLETTER CONSENT

Dear valued patient,

Dr. Azar is pleased to announce to you that we are offering a newsletter via email. These Newsletters include exciting new information in plastic surgery as well as promotional specials. If you would like to receive these newsletters please indicate your e-mail address on the line below. Providing your e-mail address allows permission to email you the newsletter regarding Dr. Azar's practice.

Patient's name : _____

Patient's e-mail address: _____

Patient's signature : _____