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**FengYang Taoist Chinese Medicine**

**Client Testimony/Photo Authorization and Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand my testimonial or case study may be used in publication and promoting Dr. Ming Wu, his staff and practitioners of Fengyang TCM and WuHealing.

I authorize Dr. Ming Wu and his staff to use my name, photograph, brief biographical information and testimonial. I grant Dr. Ming Wu, its representatives and employees the right to use my name, photograph, brief biographical information, case study, videos & podcasts and the testimonial in various marketing initiatives. I understand that this information may be used in various mediums for such purposes as publicity, illustration, advertising, book publications, videos & podcasts, and web content.

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Client Testimonial Provider Signature

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Date