American College of Osteopathic Family Physicians (ACOFP) Patient-Model Release Form

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Patient-model's signature	Date	
Signature of patient-model's parent or legal guardian	Date	
Witness' signature	Date	
Photographer's signature	Date	

Note to OFP authors: If you are not the photographer, please write your full name and paper title at the top of this sheet before submitting this form.

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