

CONSENT FOR PHOTO/IMAGE USE

I, the undersigned, hereby authorize the office of _____ to use the following images to be placed in a book of case samples, or for marketing or advertising purposes:

- _____ Before and after pictures of my teeth
- _____ Before and after pictures of my full face
- _____ Before and after pictures of the teeth and/or full face of my minor child

By signing this authorization I waive any claims of breach of privacy pertaining to the release of any photographic or digital images as checked above. I acknowledge that I have received a copy of the privacy policies of this office.

Signature of Patient or Parent

Date

Witness Signature (member of office staff)

Date