

Photo and Likeness Release

We love the beautiful results our patients achieve and we enjoy sharing results with future patients. We use real patient results as a way to show what a nice smile looks like. Most patients like to see their pictures on the wall or on our website. But the choice to have your photo, or that of your child's, displayed is totally in your control.

This form grants us permission to display your photo and likeness, or that of your child's, in any of the following situations. You may disallow all public display or restrict only certain areas. Please review the list below and place a check mark in the appropriate box if you ***AGREE that we may use a photograph.***

Wall display in our office

patient's name will be displayed patient's name will not be displayed

Website to inform current and future patients about our services (we will not use the patient's name)

Brochures to educate current and future patients about our services (we will not use the patient's name)

Advertising in publications within our community (we will not use the patient's name)

Articles written for Dental and/or Medical Journals (we will not use the patient's name)

Do Not Consent

I hereby grant permission to use my/my child's photographs for any and all areas checks above. I understand I have the ability to revoke this document, in writing, at any time. If I revoke the use of my/my child's photo I understand that published documents that are already in use will remain in use until reprinted.

_____ patient / parent / guardian

_____ date