

Photo Consent

I hereby authorize Williston Road Family Dental employees to take photographs and/or videos of my face, jaws, teeth, and oral structures before, during and after treatment as part of my dental record.

I consent to allow the photographs to be used for the following:

- Used by laboratories for restoration fabrication
- Dental research
- Dental education: including professional articles, lectures, study groups, and presentations
- Marketing material: including, but not limited to practice website, social media, printed materials, and patient education

I further understand that if the photographs and/or videos are used, my name or other identifying information will be kept confidential.

I do not expect compensation, financial or otherwise, for the use of these photographs and/or videos. I hereby release Williston Road Family Dental and it's employees from any claims in connection with these materials.

Patient Name:

Patient or Legal Guardian Signature:

Date:
