



PATIENT PHOTO CONSENT AND RELEASE FORM

CONSENT:

I am happy to authorize Walnut Ranch Dental Spa to take photographs, slides, and/or videos of my dental treatment as a record of my care.

Printed Patient Name

Patient's (or Legal Guardian's) Signature

Date

RELEASE:

Walnut Ranch Dental Spa loves to share our accomplishments, activities, and good news with the community through our website, social media, and advertising. We rely on the participation of our patients to showcase our capabilities, services, and treatment results. Please indicate below by initialing what use of the images of your dental treatment you prefer. This is completely up to you. We will only use the images in the way that you agree to.

I understand that the images of my dental treatment may be used by Walnut Ranch Dental Spa for advertising purposes (including, but not limited to, our website, social media, print or digital promotional materials, television, etc). These images may also be used for communication with health care professionals and other patients, educational publications (dental journals), and educational lectures.

I do not expect compensation, financial or otherwise, for the use of these images.

Please initial what use of the photographs, slides, and/or videos of your dental treatment you agree to:

____ Sure, go ahead and use my images and first name

____ Feel free to use my images, just don't include my name

____ I would rather you didn't show my face, but go ahead and show my teeth only

____ I would like the images to be used for my patient record only