



Photography Release

Date: _____

I hereby grant permission to the rights of my image or likeness (of teeth only) to be used without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed, and I waive the right to inspect or approve the finished product wherein my likeness appears.

By signing this release, I understand this permission signifies that photographs may be used for the following purposes: educational, videos, informational presentations, marketing & advertising, and electronically displayed via the internet.

There is no limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby effective as of the day, month, and year first written above.

Patient signature: _____

Print name: _____

Company sign: _____

Print name: _____