Consent to Dental Photography

I _____ authorize Intown Dental Center, to take photographs, and/or videos of my face, jaw and teeth, before, during and after treatment.
I consent to allow the photographs to be used for the following:

Dental Records

Dental Education including lectures, seminars, demonstrations, etc.

Marketing material, including websites and printed materials, 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.

Signature: _____ Date: _____