

Consent for use of clinical photographs

Patient name and dob _____

We hope you have been pleased with the treatment that we have provided for you. We take great pride to ensure each treatment is done to a high standard. We often like to show other patients some of the work we have done, to illustrate treatment options and possibilities.

Please sign below if you are happy for us to use pictures of your treatment in portfolios, websites, advertisements, posters, brochures and display images etc

Please indicate your preference below. You can also ask the dentist to email you your photographs.

- I am happy for the photographs of my teeth and mouth only
to be used in a treatment portfolio and website

- I am happy for the photographs of my face to be used in a
treatment portfolio and website

Often we like to create a more 'personal' look for the clinical photographs. It would be nice to have a few words with the photograph of how you felt about the treatment provided, or the dentist and team. Please leave a few words/sentences if you are happy to have them included:

“ _____

_____”

Patient Signature

Patient address

Dentist Signature

Date

Social Media Consent Form

Let's Get Social!

We love following our patients and sharing all the cool news, updates, and milestones within our practice and inside your lives! We post about our ongoing quarterly contests, dental health tips, video testimonials, patient stories, and tons of other fun content! Follow us to keep in touch and see all of the great things we have in store for you:

Instagram: brace_dentist

Facebook: bracedentist

We understand that not everyone wants to share, so we would like to get your permission to follow you on the following site:

Please check all that apply:

- ☐ Instagram Username: _____
- ☐ I don't want to share my personal information
- ☐ I do not use this platform

Photo & Video Policy

From time-to-time, we take photos and videos of our patients for testimonials, stories, before & afters, and general fun! We use this content for our social media, and we will always ask for your permission before we take your photo or video, as well as let you take a re-do if you're not satisfied with your image/video. Before we do so, we would like your permission to post our content:

Please indicate the following social media sites where you consent to be anonymously posted, check all that apply:

- ☐ Facebook
- ☐ Instagram
- ☐ Twitter
- ☐ Newsletters
- ☐ Linkedin
- ☐ Website (we will let you know the purpose should we choose to use your photo/video)
- ☐ First name can be used on any of the checked sites above
- ☐ I do not want my photo or video taken

Signature of Patient: _____ Date: _____

Address

Signature of Parent/Guardian if signing for a child: _____ Date: _____