



### Photography Consent Form

I hereby grant full permission to Dental Prosthetics, Inc. and Dr. \_\_\_\_\_ to use either my photograph and name (if necessary) or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

Permission to use photographs, city, and state only (initial in box):

Permission to use photographs, first name, last initial, city, and state (initial in box):

\_\_\_\_\_  
Name Relationship To Child (if applicable)

\_\_\_\_\_  
Child's Name (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature Phone Number