

WAIVER AND CONSENT

I, _____ the undersigned, do hereby authorize and consent to the use of certain photographs/x-rays of me taken by _____. I hereby grant them permission to reproduce, publish, print, use and distribute copies of such photographs/x-rays either in an official medical publication or in the form of prints, slides or film for use in connection with articles and lectures dealing with jaw or dental disorders. I specifically waive any claim for invasion of my personal privacy, which might accrue to me on account of the use of such pictures without my express consent in each instance.

NO FULL-FACE OR IDENTIFYING PHOTOS WILL BE USED WITHOUT YOUR EXPRESSED WRITTEN CONSENT FOR EACH ONE.

Polaroid photography taken during treatment are used by our laboratories for cosmetic purposes for the fabrication of your crowns, bridges or dentures and are a part of your permanent dental record.

Patient's Signature and/or Guardian

Patient's Address

Date

Please initial one of the following:

_____ I do not consent to the use of slides or photography for use in dental education or publications.

_____ I do consent to the use of slides or photographs for use in dental education or publications.

_____ I do consent to the use of slides or photography EXCEPT full face or identifying views.