

# MDA - 129848 PHOTO CONSENT FORM X

## Photo Release Form

Date:

05/23/2023

I,

give the office of Mansfield Dental Associates permission to use my/my child's photo(s) or video(s) for professional purposes. This will include using this media for your dental records, dental education for our office (including but not limited to our social media, website, printed material and in-office demonstrations). Please check all we are allowed to use:

- ☐ Teeth/jaws/mouth photo or video with no name or other identifying information
- ☐ Patient full face photo or video with no name or other identifying information.
- ☐ Patient full face photo or video with first name included
- ☐ I DO NOT GIVE MY CONSENT TO USE MY/MY CHILD'S PHOTO OR VIDEOS FOR PROFFESIONAL PURPOSES

\*

Patient First Name: \*

Patient Last Name: \*

Parent/Patient Signature: \*