

# STUART SMILES

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## Photo and Video Consent Form

I recognize that my dentist and dental team are proud of the quality treatment that they will provide to me. I, hereby, provide my consent for dental photographs, videos or audio to be taken of me and/or my dependent(s) for dental treatment. I understand that the information may be used for the following purposes:

- Dental records and research
- Dental education including lectures, seminars, demonstrations, professional publications such as journals or textbooks
- Dental office marketing materials and advertisements including websites, social media platforms, and printed materials and patient education

By consenting to release my dental photographs, videos or audio I understand that I will not receive payment from any party. Although these materials will be used without identifying information, I understand that it is possible that someone may recognize me. Refusal to consent to dental photographs or videos or audio will in no way affect the dental care that I will receive.

I authorize the use of these images (Please check / circle the YES or NO boxes below):

- YES      NO For demonstration purposes including an office photo album  
YES      NO For office website, professional journal and/or advertisement purposes or social media accounts such as: Facebook, Instagram, Twitter, etc.  
YES      NO I give my consent for ONLY non-identifying photos to be used

By signing below, I confirm that I understand this "Photo and Video Consent Form" completely and that my questions, if any, have been asked and answered.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_