

Insert your practice logo here

### Photographic Consent for use on Social Media and Website

I give consent for **[INSERT PRACTICE NAME]** to use my records, including photos, clin check and x-rays for marketing and advertisements purposes.

This may include use on social media, the practice website, digital smile gallery and both printed and digital collateral. All marketing and advertisements may be featured both inside & out of practice under company of **[INSERT PRACTICE NAME]**

I understand that these can be requested for removal at any point via the clinic.

I opt in to sharing:

Full Face ☐

Smile Only ☐

Signature:

.....

Name Printed:.....

Date: .....

Insert Practice Name, Phone Number  
and Address Here