

## **SOCIAL MEDIA/PHOTO CONSENT FORM**

Advance Orthodontics would like your permission to use images taken of you/your child to showcase extraordinary before and after smiles, contest winners etc. on our website, Facebook page and office bulletin board.

Please indicate below the following areas where you consent to the use of you/your child's picture.

Please check all that apply.

**Advance Orthodontics Website**

**Advance Orthodontics Facebook page**

**Advance Orthodontics office bulletin board**

**Full face can be shown**

**Teeth only can be shown**

**First name can be shown**

### **Declaration**

I grant permission for photographs of me/my child to be used in the formats indicated above.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of patient \_\_\_\_\_

Parent/Guardian name (if a minor) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Patient's signature (if over 18 years old) \_\_\_\_\_