



CONSENT FOR PHOTOGRAPHY

New Orleans Dental Center professionals sometimes take photographs and/or videos of a patient's face, smile, jaws and/or teeth, before, during and after treatment.

The photographs may be used for any of the following:

- *Dental Records*
- *Dental Research*
- *Dental Education including lectures, seminars, demonstrations, professional publications, such as journals or books*
- *Marketing material, including websites, printed materials and patient education*

I understand that: if photographs and/or videos are used, my name and other personal information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of any photographs.

I do not want my full face photo used for any of the above purposes. _____(initial)

I hereby consent to all of the above. Patient's Printed Name: _____

Patient's or Guardian's Signature

Date

Witness

I hereby do not consent for photographs to be used for anything other than dental records.

Patient's Printed Name: _____ Date: _____

Patient's or Guardian's Signature

Witness