

PERMISSION TO USE FACIAL IMAGES

I, _____, do hereby give George Priest, DMD and/or Jay Smith, DDS permission to use visual images of my face, made in connection with my dental examination or treatment, for dental group educational presentations or (in rare instances) in dental publications. The photographs or visual images WILL NOT have your name attached to them, nor will they be released for commercial use, including magazine, newspaper or television presentation.

Signature

Witness

Patient Name (printed)

Witness Name (printed)

Date

Date