

Media consent and release



Authorization to release treatment information

- I hereby consent to the use of my photographs and media for marketing and advertising purposes. This consent form is optional, but appreciated. Photos and other digital media that reflect your treatment success and positive experience can help future patients decide that Southmoor Pediatric Dentistry is the right choice for their dental care.

I, _____ (full name of patient / legal guardian if patient is a minor), give Southmoor Pediatric Dentistry the absolute right and permission to use my or this patient's (under my legal guardianship) photograph(s), video(s), and/or media representation(s). I understand that these materials might be used in advertisements, displays in the office, online (i.e. website, Facebook, Instagram, etc.), and in any other format that Southmoor Pediatric Dentistry chooses. I release the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I or the patient may have in connection with such use.

- I do not consent to the use of these materials of myself or the listed patient.

Patient information

Patient name	Date of birth
Legal guardian full name (if patient is a minor)	
Responsible party signature	Date