SOCIAL MEDIA /PHOTO CONSENT FORM

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

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

Please check all that apply.

__ Woods Orthodontics Website
__ Woods Orthodontics Facebook page
__ Woods Orthodontics office bulletin board
__ Full face can be shown
__ Teeth-only can be shown
__ First name can be used

Declaration

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

Date _____/ _____/ _____

Name of patient________________________________________________________

Parents/Guardian Name (if a minor) ______________________________________

Signature of Parent/Guardian____________________________________________

Patient’s signature (if over 12 years) ________________________________