



WOODS ORTHODONTICS

a great smile is in our nature

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) _____

