

Plantation Dental Studio & Implant Center PLLC

CONSENT TO DENTAL PHOTOGRAPHY

I, _____, authorize Dr. Alejandro Lamas, to take photographs, and/or videos of my face, jaws and teeth, before, during and after treatment.

I consent to allow the photographs/ or videos to be used for the following:

1. Dental records, dental research, dental education including lectures, seminars, demonstrations, professional publications such as journals or books
2. Marketing material, including websites and printed materials, patient education *FULL FACE/ *MOUTH

I further understand that if the photographs and/or videos are used, my name or other identifying information will be kept confidential, (other than if Full Face photographs are used)

I do not expect compensation, financial or otherwise, for the use of these photographs.

Patient Signature/ Guardian

Date

Witness

Date