



MEDIA RELEASE CONSENT

I, _____, hereby agree and give my permission for **PALM BEACH DENTISTRY, P.A.**, and their respective dentists (hereby referred to as **PALM BEACH DENTISTRY**) to use pictures of my smile, both before and after, in the capacity of case presentation. I understand that my photos, both before and after, may be used in:

~ social media posts (Instagram and Facebook), company website gallery, as well as in-office photography, hanging on the wall in the waiting room, in operatories, and in a compilation book for case presentation

I understand that these photos will not be used for any other commercial purposes without my written consent.

By designating the appropriate box below, I grant my permission in the following manner:

I authorize and permit **PALM BEACH DENTISTRY** to use my smile photos, full-face photos, first name and a brief story about my smile in all forms of media release as outlined above

I authorize and permit **PALM BEACH DENTISTRY** to use my smile photos, full-face photos, and first name but no brief story about my smile in all forms of media release as outlined above

I authorize and permit **PALM BEACH DENTISTRY** to use only my smile photos, but not my first name in all forms of media release as outlined above

Signature _____ Date _____

Patient, Legal Guardian or Authorized Representative
