

PHOTOGRAPHIC RELEASE

In our office we like to photograph our patients for aid in determining their problems and to help come up with the perfect treatment options for them. With these photographs, we can recreate your smile on the computer so that you can see the final results and approve of them before we start any procedure.

AUTHORIZATION AND RELEASE

I _____, hereby authorize Dr. Michael Golsen to take photographs of my face, jaws, and teeth. I understand that the photographs will be used in a record of my care and may be used for educational purposes. I further understand that if the photographs are used in any publication or as a part of a demonstration, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs.