

CARLISLE DENTAL STUDIO
PHOTOGRAPHY CONSENT

I, _____, hereby authorize the staff of "Carlisle Dental Studio P.C." to take photographs, slides, and/or videos of my face, jaws, mouth, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used for communication with dental laboratories regarding shade selection and treatment plans, dental insurance companies, for educational purposes in study club meetings, lectures, seminars, and professional publications (journals and magazines).

I further understand that if the photographs, slides, and/or videos are used in any publication or as a part of a demonstration, my name or other identifying information will be kept confidential.

These photographs will not be used by "Carlisle Dental Studio P.C." for the sake of getting any financial compensation, therefore I do not expect compensation, financial or otherwise, for the use of these photographs.

Signature: _____ Date: _____

Printed Name: _____