



TexanDental
cosmetic & family dentistry

Photo, Website and Social Media Release Form

Permission to Use Photograph

Patient Name: _____

If Patient Is A Minor, Name of Parent or Guardian: _____

I hereby give my permission to Texan Dental, its representative and employees, the right to use photographs of me. I hereby give my permission for these images to be published or distributed publicly. I understand that my name, telephone number, email address and address are for Texan Dental's record only, and that my name and personal information will not be released to anyone else without my permission.

Please initial which you would like to be release

_____ Facial Profile _____ Videos of Oral Cleanings/Special Procedures

_____ Oral Cavity Area ONLY _____ Personal Social Media Profile tagged in
Business Page

_____ Decline

I have read and understand the above:

Signature: _____

Printed Name: _____

Date: _____

Signature, parent or guardian _____
(If under age 18)