

EXPERTISE DENTAL



Model Release Authorization

PATIENT CONSENT:

For good and valuable consideration, receipt of which is hereby acknowledged, I give Expertise Dental, and her associates permission to use my photographs and any videography in connection with their educational and promotional activities as professionals in the field of Cosmetic Dentistry.

Face Teeth Educational Purposes

PRINTED NAME

PATIENT SIGNATURE

DATE

MINOR/ GUARDIAN CONSENT:

I, _____, am the parent or guardian of the minor named below and have the legal authority to execute the above release. I approve the foregoing and waive and rights in the premises.

PRINTED PATIENT NAME

PARENT/GUARDIAN SIGNATURE

DATE