



SPARKS
FAMILY ORTHODONTICS
Laugh Grow Smile

CONSENT FOR RECORDS

I HEREBY AUTHORIZE DIAGNOSTIC RECORDS TO BE
TAKEN ON (*patient name*) _____,
AS NEEDED, WHILE A PATIENT AT SPARKS FAMILY ORTHODONTICS. I ALSO GIVE
MY PERMISSION FOR THE USE OF THESE ORTHODONTIC RECORDS, INCLUDING
PHOTOGRAPHS, MADE IN THE PROCESS OF EXAMINATIONS, TREATMENT, AND
RETENTION FOR PURPOSES OF PROFESSIONAL CONSULTATIONS, RESEARCH,
EDUCATION, OR PUBLICATION IN PROFESSIONAL JOURNALS.

Signature of Responsible Party (Parent/Patient)

Date