

Media Consent

**AUTHORIZATION TO USE PHOTOGRAPHS AND NAMES IN OFFICE, PROMOTIONAL,
AND/OR EDUCATIONAL DISPLAYS**

Due to the physical layout, nature, and “personality” of our office, we sometimes display our patients’ names and photographs in the office on the wall, and/or our website (*i.e. Facebook Page*). We are proud of our patients’ accomplishments and sometimes, for good tooth brushing, good grades, contests, or other areas, we want to encourage and reward great patient performance. The doctor also may want to use patient photographs as examples in studies and educational presentations to dental offices and promotions to other groups. Our patients and parents enjoy seeing what is happening with the rest of our orthodontic family. As always, it is our goal to provide a safe, fun, and healthy environment for our patients!

PLEASE SELECT ONLY ONE OF THE OPTIONS LISTED BELOW:

I DO GIVE PERMISSION for the office of *Sparks Family Orthodontics* to use my / my child’s name (_____) photographs/records as described above.
please print name of patient

I DO NOT GIVE PERMISSION for the office of *Sparks Family Orthodontics* to use my / my child’s name (_____) photographs/records as described above.
please print name of patient

Signature of Patient (*18 years of age or older*)

Date

Signature of Parent/Guardian (*for patients under 18 years of age*)

Date