

Cleona Dental, LLC

Consent to Utilize Photographs

I, _____, hereby authorize Cleona Dental LLC, Jennifer S. Davis, D.M.D., Frederick S. Johnson D.M.D. to utilize photographs taken prior to dental treatment, during dental treatment, and after dental treatment for the purpose of demonstration of specific dental techniques. These photos may be used for in-office demonstration, publication on a web site, and/or pamphlet fabrication. The purpose of the photographs is intended to be used for educational instruction. They may be utilized in demonstrations to existing and future patients to explain dental procedures. Your full name will not appear with your photograph.

I certify that I have read fully and understand the above consent and will allow Dr. Davis and/or Dr. Johnson to utilize photographs which show my full face and smile. The photographs will be utilized solely for the purposes of dental education and demonstration.

Date

Signature of Patient or Parent

Witnessed By