



Family & Cosmetic Dentistry

PHOTOGRAPHY & VIDEO PATIENT AUTHORIZATION FORM

Please read and complete the appropriate form in order for Smile Galleria, the office of Wilson Kim, DDS to use or disclose photography, x-rays and/or video of performed dental work for official medical publications, on our website or in-office promotional materials

Patient's Name:

Patient since:

Parent/Guardian Name:

Patient's age if under 18:

Please check only the boxes and initial only the lines that identify areas you consent to the use of photography, x-rays and/or video. No full-face or identifying photos or videos will be used without your expressed written consent.

I authorize Smile Galleria to take and/or reproduce photographs and/or video of my:

Face Mouth Teeth

I authorize usage of the above marked and initialed for:

Articles & Lectures Smile Galleria Website In-Office Promotion

Please read carefully and print your name on the line provided.

I, _____ the undersigned, do hereby authorize and consent to the use of photographs, x-rays and/or video of me taken by Smile Galleria, the office of Wilson Kim, DDS. I hereby grant permission to reproduce, publish, print, use and distribute copies of such photographs, x-rays and/or video either in an official medical publication for use in connection with articles and lectures or for digital, slides, video or prints on our official website and/or in office smile gallery. I specifically waive any claim for invasion of my personal privacy, which might accrue to me on account of the use of such pictures without me expressing consent in each instance.

Signature:

Date:

Please read carefully and print your name and the name of your child on the lines provided.

I, _____ the undersigned, do hereby authorize and consent to the use of photographs, x-rays or video of my child _____ taken by Smile Galleria, the office of Wilson Kim, DDS. I hereby grant permission to reproduce, publish, print, use and distribute copies of such photographs, x-rays and/or video either in an official medical publication for use in connection with articles and lectures or for digital, slides, video or prints on our official website and/or in office smile gallery. I specifically waive any claim for invasion of my personal privacy, which might accrue to me on account of the use of such pictures without me expressing consent in each instance.

Signature:

Date: