

# MARTINEZ DENTAL SOLUTIONS

## PHOTO RELEASE AUTHORIZATION FORM

At Martinez Dental Solutions, we use digital photography as part of patient's records, to document cases, to assist us during treatment, for patient education, and for insurance purposes. We sometimes also use the pictures as illustrations in print or digital media, and may include them in our website's picture gallery. Patients are not identified by name when photographs are used for any purpose not directly related to their treatment.

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**I hereby give my consent to Martinez Dental Solutions to take and use photographs of my mouth/teeth to assist with my treatment, which may include sending pictures to a third party (i.e. a dental laboratory).**

Please check here  if pictures may also be used as illustrations in publications (i.e. such as office ads, social media and website).

I hereby release Martinez Dental Solutions and any third parties from any rights I may have to the photographs and from liability for any claims in connection with my participation. I understand that I will not be compensated for the use of my photographs.

I understand that I may terminate this Photo Release Authorization. To do so, I must notify this facility in writing regarding termination and effective date.

I know that I am entitled to receive a copy of this authorization.

**Name of Patient:** \_\_\_\_\_

**Name of Legal Representative - if applicable:** \_\_\_\_\_

**Signature of Patient or Legal Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_