A.P. DENTAL ARTS
"Creating Generations Of Beautiful Smiles"

Photograph Waiver and Consent Form

I, _____ the undersigned, do hereby authorize and consent to the use of photography/xrays of me taken by AP Dental Arts. I hereby grant them permission to use such photographs/xrays for diagnostic, treatment, and educational purposes. These photographs/xrays will be directly stored in AP Dental Arts patient database. 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.

NO FULL FACE OR IDENTIFYING PHOTOS WILL BE USED WITHOUT YOUR EXPRESSED WRITTEN CONSENT FOR EACH ONE.

_____ _____

Patient's name Date

Patient's signature