

Consent for use of clinical photographs

Patient name and dob _____

We hope you have been pleased with the treatment that we have provided for you. We take great pride to ensure each treatment is done to a high standard. We often like to show other patients some of the work we have done, to illustrate treatment options and possibilities.

Please sign below if you are happy for us to use pictures of your treatment in portfolios, websites, advertisements, posters, brochures and display images etc Please indicate your preference below. You can also ask the dentist to email you your photographs.

- I am happy for the photographs of my **teeth and mouth only** to be used in a treatment portfolio and website
- I am happy for the photographs of **my face** to be used in a treatment portfolio and website

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Often we like to create a more 'personal' look for the clinical photographs. It would be nice to have a few words with the photograph of how you felt about the treatment provided, or the dentist and team. Please leave a few words/sentences if you are happy to have them included:

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Patient Signature _____

Dentist Signature _____

Date _____