



Adam Brown, DDS

FAMILY, COSMETIC & RESTORATIVE DENTISTRY

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Photo Consent

I, _____ the undersigned, do hereby authorize and consent photographs of me, or my child/children taken by Adam Brown, DDS PLLC. Photographs taken during treatment are used for:

1. Cosmetic and/or restorative purposes for the fabrication of your crowns, bridges, dentures, or patient education. All photographs are part of your permanent dental record.

2. Carolina's Dental Choice Social Media Pages.

All photographs are part of your permanent dental record.

I hereby grant Adam Brown, DDS, PLLC permission to reproduce, publish, print, use, and distribute copies of such photographs either in an official medical publication or in the form of print, slides, or film.

Please initial one of the following: (check one below)

_____ I do not consent to the use of slides or photography for use in dental education or publications.

_____ I consent to the use of slides or photographs for the use in dental education or publications.

_____ I consent to the use of slides or photographs EXCEPT full-face or identifying views.

Patient Name

Date

Patient/Parent or Guardian Signature

Date