



Photo Consent Form

Dear Parent / Patient,

Mashpee Orthodontics would like your permission to use images taken of you / your child to showcase "extraordinary before and after smiles" on our website and our Facebook page.

It would help us greatly if you would check (as many as you wish) of the following where you consent to the use of pictures of you / your child:

- Mashpee Orthodontics Website
- Mashpee Orthodontics Facebook page
- Full-face can be shown
- Teeth-only can be shown

Declaration

I grant permission for photographs of me / my child to be used in the formats indicated above.

Name of Patient (minor) _____

Parent's Name _____

Signature _____

Patients Signature (If over 12 years) _____

Date ____/____/____

Thank you!

Mashpee Orthodontics