



## Photography Release

I, \_\_\_\_\_,

hereby authorize Dr. Garrett D. Olive, or his staff to take photographs, slides, and/or videos of my face, jaws, mouth, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used for educational purposes in study club meetings, lectures, seminars, demonstrations, and professional publications (journals, magazines).

I understand and give permission to use the items listed above as use of any advertising or marketing brochures, social media, or printed material to increase growth within our dental practice.

I understand and give permission to include my name or other identifying information with the photographs, slides, and/or videos on any advertising material.

I do not expect compensation, financial or otherwise, for the use of these photographs.

Signature: \_\_\_\_\_

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

Thank you for your trusting us with your dental care!!

Midtown Dental