



Photography /X-Ray Waiver and Consent

I hereby authorize and consent to the use of photographs/x-rays of me taken by Alpha Dental Practice.

Photography/X-Rays taken during treatment can be used for various reasons, such as: Presenting treatment to a patient, treatment discussion with other Doctors, dental lab use if your case requires it for cosmetic reasons, before and after pictures, to be a part of your permanent record and for educational purposes.

I hereby grant Alpha Dental Practice permission to reproduce, publish, print, use and distribute copies of such photographs/x-rays as seen fit.

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

Patient Name:

Patient Signature:

Date: