2025 Photography Release Form

2025 Photography Release Form

Patient First Name
-

Patient Last Name
-

Patient Date of Birth
-

Legal Guardian First Name
-

Legal Guardian Last Name
-

Legal Guardian Relationship to Patient
-

I, hereby authorize OM3 Oral Maxillofacial and Implant Surgery 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, marketing, and publications.

I further understand that if the photographs, slides, and/or videos are used in any capacity, my name will be removed and kept confidential.

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

Do you authorize OM3 to take any imagery for the purposes stated above

☐ I authorize ☐ I decline

Patient/Legal Guardian's Signature (ESign)

Date
-

Date :