PHOTO RELEASE

Goshgarian Orthodontics, LLC may occasionally use photographs, images, video, and/or voice recordings of patients for use in publications, advertising, promotional material, or social media.

☐ I hereby relinquish any and all rights to photographs, portraits, transparencies, negatives, prints, Polaroids, or other photographic or audio reproductions captured with still, motion picture, video, digital or other cameras or recording devices for use by Goshgarian Orthodontics, LLC.

☐ I hereby certify that I am the patient or the parent/guardian of the patient listed below, and I am legally able to give consent for this patient. Furthermore, I have read the information above and am familiar with its contents.

Patient Name:____________________
Date:____________________
Signature of Patient or Responsible Party:____________________
Print Name:____________________
Relationship to Patient:____________________

OPT OUT OF / REVOKE PHOTO RELEASE

Complete the following section only if you do NOT want to provide consent for photographic release or if you want to REVOKE your previous consent for photographic release.

☐ I hereby certify that I do NOT consent to use of patient's name or likeness for use in publication, media, or advertising. If at any time I would like to give my consent, I can do so in writing.

☐ I hereby certify that I am the patient or the parent/guardian of the patient listed below, and I am legally able to give or revoke consent for this patient. Furthermore, I have read the opt out information above and am familiar with its contents.

Patient Name:____________________
Date:____________________
Signature of Patient or Responsible Party:____________________
Print Name:____________________
Relationship to Patient:____________________