

Picture and Social Media Consent Form

I, _____, hereby authorize Rabalais Dental Centre to use my photo for patient education, website, Facebook or any other Social Media platforms. My name will not be used unless I, the patient, asks for it to be used.

My consent is freely given as a public service to Rabalais Dental Centre without expecting payment.

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Patient

Parent and/or Guardian

Date