



Today's Dental

I am a patient of Dr. _____. I understand some or all of the photographs, slides, models, or other material performed during my treatment may be used for publication, promotion and/or educational purposes. I hereby freely give my consent and permission to the extent permitted by the laws in my state. I understand that I will receive no compensation for the use of these items. I further release **Today's Dental of Beverly** and the staff of any and all liability for using these materials.

Patient (Print)

Signature of patient, legal guardian, or other authorized person

Date

Witness

Date

**PATIENT CONSENT TO RELEASE
MATERIAL**