



# PERSONAL DENTAL OFFICE

## Patient Testimonial/Photo Release

This is an agreement between Personal Dental Office and all of its practitioners and Patient :

I, [REDACTED] (Patient), grant Personal Dental Office and its affiliated dentists and dental professionals, all rights to the images, video and audio captured during my dental visit. There is no compensation for the use of these images.

Personal Dental Office and it's dentists retain the right to use all images for: communicating with the laboratories for purpose of fabrication of restorations, collaborating with other dentist, and working with dental students and residents for academic intend, use on our website, social media and other online marketing initiatives.

Patient Name: [REDACTED]

Patient Signature: [REDACTED]

Date: [REDACTED] / [REDACTED] / [REDACTED]

Signature of a Staff Member: \_\_\_\_\_