



Advanced
Cosmetic, Laser & Restorative Dentistry
Edward Jang DDS & Associates

Photograph Permission

I (or my child/ward), _____ am(is) a patient of Edward Jang DDS and Associates and agree to the following:

I hereby consent for dental photographs (including intro-oral and extra-oral photographs of my teeth and my smile) to be made of me (or my child or person for whom I am a legal guardian). I understand that the information may be used for any one or combination of the following purposes as I have designated below: 1) dental teaching and patient education; 2) marketing and/or 3) dental records. By consenting to these dental photographs, I understand that I will not receive payment from any party. Refusal to consent to photographs may affect the dental care I will receive **only in** that the diagnosis of my dental, oral health conditions may not be as thorough or complete without these photographs. If I have any questions or wish to withdraw my consent in the future, I may contact the office of Dr. Jang and Associates.

By marketing and signing this form below, I confirm that this consent form has been explained to me in terms, which I understand.

I hereby consent for the dental photographs to be used as follows:

	Yes	No
Within this office to educate other patients:	_____	_____
In marketing efforts as examples of Dr. Edward Jang & Associates' work:	_____	_____
For dental records:	_____	_____
Thank you for helping us educate others in the quality and benefits of our procedures.	_____	_____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____