

Consent for Dental Photography

In view of explanations given to me by Dr

I consent to my (please tick one of more boxes below)

- Photographs/videos being taken for my personal medical records only
- Photographs/videos being used for educational purposes
- Photographs/videos being displayed for advertising and display purposes

The recorded material has educational, clinical and historical record keeping value. I consent to it being shown to the appropriate professional staff.

Initial _____

The recorded material may be used in educational environments including professional and public meetings and via the internet. As a result I understand that the general public may see the material. The material may be used in conjunction with other photographs, drawings, videos, sound recordings, or forms of illustration. Should I request, every effort will be made to conceal my identity but confidentiality is not guaranteed.

Initial _____

I understand no fee is payable to me by any third party involved, now or at any time in the future

Initial _____

I understand should the material be seen in a public domain it may be recorded by others and it may not be possible to retrieve it or control further distribution

Initial _____

I understand that it may be possible to identify me from the pictures though every effort will be made not to do so. The purpose of recording the material has been clearly explained to me in terms I have fully understood.

I understand once given the consent cannot be retracted, although if you wish for us to stop using this material we will make every effort to do so immediately.

Full name

DOB

Date

Signature_____

Address

Clinicians name

Date

Signature_____