



*Advanced Cosmetic, TMJ Rehabilitation and  
Restorative Dentistry*  
Gonzalez Dental Care

## Photographic Consent

I (or my Child), \_\_\_\_\_, am (is) a patient of Gonzalez Dental Care and agree to the following:

I hereby consent for dental photographs to be taken of me (or child or person for whom I am a legal guardian). These photographs can include intra-oral and extra-oral as well as full facial photographs. I understand that the information may be used for any one or a combination of the following purposes

- 1) Dental Teaching and Patient Education
- 2 Marketing Purposes
- 3) Dental Records.

By consenting to these Dental photographs, I understand that I will not receive payment from any party for the use of said photographs. Refusal to Consent to photographs may affect the Dental care I will receive **only in** that the diagnosis of my dental and 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 **Gonzalez Dental Care.**

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

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

<b>Within the office to educate other patients:</b>	<b>Yes</b>	<b>No Thanks</b>
<b>In marketing efforts as examples of work done by Gonzalez Dental Care</b>	<b>Yes</b>	<b>No Thanks</b>
<b>For Dental Records</b>	<b>Yes</b>	

**Thank your for your help in educating others in the quality of benefits of our work**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

3988 Mission St.  
San Francisco Ca. 94112  
(415)334-4554

Website: [GonzalezDentalcare.com](http://GonzalezDentalcare.com)

2943 Broadway, Suite #4  
Redwood City, Ca 94062  
(650) 365-6170

E-mail: [GonzalezDentalCare@gmail.com](mailto:GonzalezDentalCare@gmail.com)