

# PATIENT PHOTOGRAPH AND TESTIMONIAL AUTHORIZATION FORM

I hereby give my consent for **Dennis J Hong, DDS** to take photographs, slides and/or videotape of \_\_\_\_\_ face, jaw, and teeth. I understand that some of these images may be used by laboratories for fabrication of crowns, veneers, bridges, or dentures and these images will become part of the patient record.

If I have provided a written testimonial about my experience with Dennis J Hong, DDS the testimonial may be used in whole or in part as indicated below.

*Please circle "do" or "do not" for each statement, and initial.*

- |   |    |        |                                                                                                                                                                                   |       |
|---|----|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| I | do | do not | consent to the use of these images in professional articles and presentations.                                                                                                    | _____ |
| I | do | do not | consent to the use of these images within the dental practice to be seen only by individuals who walk into the practice.                                                          | _____ |
| I | do | do not | consent to the use of these images to promote the dental practice through various media, including but not limited to print advertising, brochures, and the practice web site.    | _____ |
| I | do | do not | consent to the use of the testimonial within the dental practice to be seen only by individuals who walk into the practice.                                                       | _____ |
| I | do | do not | consent to the use of the testimonial to promote the dental practice through various media, including but not limited to print advertising, brochures, and the practice web site. | _____ |

By consenting to the use of these photographs and testimonial as described above, I do not expect compensation, financial or otherwise, from **Dennis J Hong, DDS**. I hereby release and discharge **Dennis J Hong, DDS** from any and all claims and demands arising out of or in connection with the use of my name, photograph, personal testimonial, or other information provided by me, including any and all claims for libel and invasion of privacy.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment, or eligibility for benefits.

\_\_\_\_\_  
Print Patient's or Legal Guardian's/Representative's Name

\_\_\_\_\_  
Patient's or Legal Guardian's/Representative's Signature

\_\_\_\_\_  
Date