

## CONSENT FOR PHOTO/IMAGE USE

I, the undersigned, hereby authorize the office of Dr. Blane Jackson to use the following images to be placed in a book of case samples, or for marketing or advertising purposes:

- \_\_\_\_\_ Before and after pictures of my teeth
- \_\_\_\_\_ Before and after pictures of my full face
- \_\_\_\_\_ Before and after pictures of the teeth and/or full face of my minor child

By signing this authorization I waive any claims of breach of privacy pertaining to the release of any photographic or digital images as checked above. I acknowledge that I have received a copy of the privacy policies of this office.

\_\_\_\_\_  
Signature of Patient or Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (member of office staff)

\_\_\_\_\_  
Date

(Rev. 11/07)

## Teeth Whitening

- |  |     |    |
|--|-----|----|
| Do you like the color of your teeth?                   | Yes | No |
| Do you whiten your teeth now?                          | Yes | No |
| Have you ever considered teeth whitening?              | Yes | No |
| Would you like more information about teeth whitening? | Yes | No |