

PERMISSION TO USE FACIAL IMAGES

I,	, do hereby give Jay Smith, DDS permission to use visual images of my
face, made in connection with my dental o	examination or treatment, for dental group educational presentations or (
in rare instances) in dental publications. T	The photographs or visual images WILL NOT have your name attached
to them, nor will they be released for com	nmercial use, including magazine, newspaper or television presentation.
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Signature	Witness
Patient Name (print)	Witness name (print)
•	* '
Date	— Date