

Claremont Smile Design

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PHOTOGRAPHY RELEASE

I, _____, hereby authorize Dr. German G. Jaquez and/or
Claremont Smile Design, to take photographs, slides, and or videos of my face, jaw,
and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my
care, and may be used for educational purposes in lectures, demonstrations, advertising
(including, but not limited to website publication, newspapers, magazines, phone books,
and television), and professional publications (Dental magazines and journals).

I further understand that if the photographs, slides, and/or videos are used in any
publication or as a part of a demonstration, my name or other identifying information will
be kept confidential. I do not expect compensation, financial, or otherwise, for the use of
these photographs.

Print Patient's Name

Print Responsible Party's Name

Patient/Responsible Party's Signature

Date