



## PHOTO CONSENT FORM

**I, hereby give Soothing Dental, Dr. John Vinton, and any of all employees and/or agents of Soothing Dental and/or Dr. Vinton, the right and permission to use and/or publish photographs of me for clinical purpose only.**

### **Release of Claims:**

**I, hereby release and discharge Soothing Dental and Dr. Vinton and all persons functioning under his/her permissions or authority from any legal or equitable claims including but not limited to the following: blurring of the image(s), alteration, distortion or use in composite form, libel, invasion of privacy or any claims, based on the production or in the process of recording or publishing the materials.**

### **Check on the following:**

- Yes, you may use my photos**
- No, please do not use my photos**

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**Signature of Patient, Patient, or Legal Guardian**

**Date**

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**Signature of Witness**

**Date**