Stoppelbein & Hardison, DDS, PA
121 Duplin Professional Court Warsaw, NC 28398 (910)-293-4940

Patient Photo Release Form

I, _____, authorize Stoppelbein & Hardison, DDS, PA to take photographs of my face, jaws, and teeth before, during, and after treatment.

I consent to allow photographs to be used for the following:

- Dental Records
- Communication with other health care professionals
- Marketing material (Website, Facebook, printed materials, etc.)

I understand that if the photographs are used, my name or other identifying information will be kept confidential.

I do not expect compensation, financial or otherwise, for the use of these photographs.

If declining this consent, leave blank.

Please initial ONE option:

_____ I do not mind if photographs are used in any of the situations stated above.

_____ I agree to have my teeth shown ONLY without any identifying facial features.

Patient/Guardian Signature_____Date_____