

Managing Marketing

ADA's Guidelines for Practice Success™ (GPS™)

SAMPLE PHOTOGRAPHY/IMAGE RELEASE

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I do consent to the use of my Images for marketing materials including but not limited to website and patient education for _____ (name of practice) _____ only. I further understand that if the Images are used, my name or similar identifying information will not be used.

I further acknowledge that my participation is voluntary and that I am not entitled to, and I will not receive any compensation, financial or otherwise, with respect to the taking, use or publication of these Images. I acknowledge and agree that neither the publication nor use of Images confer upon me (or upon my heirs, representatives and assigns) any right of ownership or royalties whatsoever.

Patient's Name: _____

Patient or Guardian Signature: _____

Dentist Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

[Dental Office Name]
[Office address]
[Office city, state, zip code]

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