

INFORMED CONSENT TO PHOTOGRAPH

Part of your treatment may include photographs of you and your teeth or smile. Most photos are of the chin-to-nose space and are not identifiable. However, on rare occasions we do need to photograph the full face view. We will likely use the photographs taken of you by our office for treatment planning, record collection, insurance documentation as well as for lab communication. We may also use specific photos for educational purposes.

I, _____, do hereby give consent for M. Nader Sharifi, D.D.S., M.S. to take and use as needed in lab communication and for the purpose of insurance coverage as well as share them with other dental specialists involved in my care.

The photos can be used for educational purposes by Dr. Sharifi and may be displayed within the office and/or within the dental office's webpage, DrSharifi.com. I understand that Dr. Sharifi's office and staff will protect my personal data, such as name, age, and date of birth, from being displayed.

Signature

Date