



Best Smiles Dental would like your permission to use images taken of you/your child to showcase on our website, social media pages, and in our office. Please indicate below the following areas where you consent to the use of your/your child's picture.

Please check all that apply.

- Best Smiles Website
- Best Smiles Facebook page
- Best Smiles Instagram page
- Best Smiles Twitter page
- Best Smiles Yelp page
- Best Smiles office
- Full face can be shown
- Teeth-only can be shown
- First name can be used

Declaration: I grant permission for photographs of me/my child to be used in the formats indicated above.

Date ____/____/____

Name of patient _____

Parents/Guardian Name (if a minor) _____

Signature of Parent/Guardian _____

Patient's signature (if over 12 years) _____