



## Media Consent

I have been informed and have given my consent to the photographing and or videotaping of my dental procedures. I understand and give my consent that these images may then be used by S.H. Dental Laboratory for:

- Staff Training
- Patient Education
- Student Training
- Peer Teaching and Evaluation
- S.H. Dental Lab Website
- Advertising – In-office and/or External
- Consent for teeth images only
- Consent for both full face and teeth images

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

Laboratory Signature \_\_\_\_\_ Date \_\_\_\_\_