



Great Southwest Family Dental

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Photographic Release

I, _____, consent and agree to the use, reproduction or otherwise published photograph of me in any publication or lecture presentation of Dr. Truong. Dr. Truong or any other person authorized by him has the right to use such images in any advertising and promotion of such publication and the disposition of all rights thereto.

_____ (initials)

I further agree I will not assert any claims against any party whatsoever based on the use of the images or make any claim to the use of the images defaming me or constitutes an infringement on my right to privacy or any other right I may enjoy.

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I agree that for training, educational, marketing, or promotional uses, Great Southwest Family Dental and its assignees may make perpetual use of any photographs, videos, recordings, and other likenesses of me taken by the practice of its' assignees without the payment of any additional consideration beyond that specified in this agreement. The practice may use such photographs with or without my name, and with or without modifications or alterations.

_____ (initials)

*Please be aware our office does require a photo to be take of all patients which will stay in your file only, it will not be displayed for training, educational, marketing or promotional use.

Signature

Date

Guardian (if under 18 years of age)

Date