



MEDIA RELEASE CONSENT FORM

I, (print name) _____ ,
hereby authorize and permit **All About Smiles Orthodontics** and their respective
orthodontists (hereby referred to as **All About Smiles Orthodontics**) to use pictures of me
and my smile both before and after, in the capacity of case presentation, in all forms of media
release, social media posts (Instagram and Facebook, etc.), and company website gallery,
in-office photography, displays in the waiting room and treatment areas, and in a compilation
book for case presentations.

I understand that these photos will not be used by **All About Smiles Orthodontics** for any
other commercial purposes without my written consent.

Note: If patient is under 18 years of age, parent or legal guardian signature is required

(print) minor child's name: _____

Signature: _____ **Date:** _____
(Patient, Legal Guardian, or Authorized Representative)

I decline Media Release Consent Form **X** _____ Date: _____