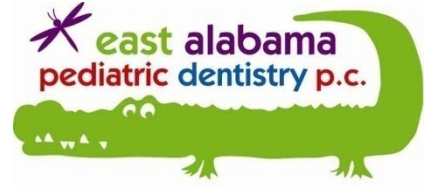


Photography Release/Consent Form



Here at EAPD, we make every effort possible to make our patients feel special. We like to put our patients on “display” by clipping newspaper articles involving our patients; as well as, pictures from any drawings or prize winnings and posting them in the office. Also, on our website, we will have a monthly listing for all children that are members of our No Cavities Club. Please check one of the following boxes and sign below.

I AGREE and hereby grant full permission to East Alabama Pediatric Dentistry and Dr. Keri Miller to use either myself or my child /children’s name(s) and photograph in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or my child’s photograph and/or name.

I DO NOT AGREE to have mine or my child’s information used.

Child’s Full Name

Legal Guardian’s Name (Print) Relationship to Child

Signature Date