



DR. PARIHAN TAMKIN DDS

Photograph Authorization Form

I hereby give my consent for Smile Bar by Dr. Parihan Tamkin DDS to take photographs, slides and/or videotape of _____'s face, jaw, and teeth. I understand that some of these images may be used by laboratories for fabrication of crowns, veneers, bridges, or dentures and these images will become part of my record.

Please circle "do" or "do not" for each statement, and initial.

I do do not consent to the use of these images in professional articles and presentations. _____

I do do not consent to the use of these images within the dental practice to be seen only by individuals who walk into the practice. _____

I do do not consent to the use of these images to promote the dental practice through various media, including but not limited to print advertising, brochures, and the practice web site. _____

By consenting to the use of these photographs as described above, I do not expect compensation, financial or otherwise, from Dr. Parihan Tamkin. I hereby release and discharge Smile Bar by Dr. Parihan Tamkin DDS from any and all claims and demands arising out of or in connection with the use of my name, photograph, or other information provided by me, including any and all claims for libel and invasion of privacy.

I understand the receiving party may not further disclose this health information without first obtaining a new written authorization from me. I understand this authorization may be cancelled or modified at any time upon provision of a written notice to this dental practice. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment, or eligibility for benefits.

This authorization is valid until (*insert date*): _____

Print Guests or Legal Guardian's/Representative's Name

Guests or Legal Guardian's/Representative's Signature/Date