



**Georgia Dental Group**  
PREVENTIVE & AESTHETIC DENTISTRY

## **PHOTO RELEASE**

It is necessary for Dr. Brian Baird and/or one of his team members to take photos of you and your smile in the course of treatment and consultation for clinical and diagnostic purposes.

He may wish to utilize these photos for educational purposes or for use in presentations and publications.

By checking the space(s) below you may grant permission for use of these photographs by Dr. Brian Baird in certain capacities.

- ☐ I hereby give Dr. Brian Baird, and those acting with his permission, the right and permission to use and publish pictures taken of me for any educational purpose. e.g. patient education
- ☐ I hereby give Dr. Brian Baird, and those acting with his permission, the right and permission to use and publish pictures taken of me for use in any in-office presentation or publication. e.g. photo on smile wall/smile binder
- ☐ I hereby give Dr. Brian Baird, and those acting with his permission, the right and permission to use and publish pictures taken of me for use in any media for art, advertising, trade or any purpose whatsoever.

My agreement above applies to:   \_\_\_ Images of my face  
                                                     \_\_\_ Images of my teeth/smile only (no face)  
                                                     \_\_\_ All images

- ☐ I do not wish my photos to be used for any purpose other than clinical consideration of, and consultation about my individual treatment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_