



## Image Release Consent

Sunshine Creative Smiles, PL the dental office from time to time will be using patient images (photos and/or videos) on its website and/or marketing materials. You are under no obligation to consent to such release, nor will such impact your right to treatment or affect any payment or charges associated with your treatment.

### Image Permission

\_\_\_\_\_ I hereby give permission for Sunshine Creative Smiles, PL to use images of my face on its website and other forms of printed or electronic marketing material.

\_\_\_\_\_ I hereby give permission for Sunshine Creative Smiles, PL to use images of my teeth and lips on its website and other forms of printed or electronic marketing material.

\_\_\_\_\_ I hereby *do not* give permission for Sunshine Creative Smiles, PL to use my image on its website and other forms of printed or electronic marketing material.

### Name Identification

\_\_\_\_\_ I hereby give permission for Sunshine Creative Smiles, PL. to use my name associated with the above-referenced Image Permission.

\_\_\_\_\_ I hereby *do not* give permission for Sunshine Creative Smiles, PL to use my name associated with the above-referenced Image Permission.

I understand that I may revoke this authorization by providing written notice to Sunshine Creative Smiles, PL at 4714 N Armenia Ave Suite 102, Tampa Florida 33603. Please note that such revocation only applies to new uses of the above released images. Sunshine Creative Smiles, PL cannot recall prior uses of such images. Patient further understands that he/she is not being compensated for use of such images.

Patient's Name: \_\_\_\_\_

Signature: (Parent or Guardian of minor patients is required)

\_\_\_\_\_

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