



CONSENT TO USE PICTURE

I hereby irrevocably consent that any picture, video or portrait of me, or any part of me (including the FULL FACE without censoring the eyes) or reproductions thereof may be used by Dr. Quintana and the practice of Dr. Q Dentistry for such purposes as they may desire in connection with his/her writing, teaching, lecturing, consulting and professional activities, and may be used, exhibited and published through any medium whatsoever as part of or in connection with his/her writing, teaching, lecturing, consulting and professional activities, even though such use may be for advertising purposes or purpose of trade.

By signing this form, I also release any claims I may have resulting from use or publication or any picture, video or portrait in accordance with this release, including claims that such use or publication invades my privacy or violates my rights of confidentiality as a patient or employee I further understand that I will receive no payment or any other compensation.

Because these photographs in which I am or may be recognized, were taken in the course of my treatment of work, I certify that I have no objection in their publication and that I know that I am waiving any rights I may have as her/his patient or employee to refuse permission or prohibit their use or publication. I understand that the publisher will rely on this release and therefore it may not be revoked.

I hereby that I am of legal age and that I am competent to contract on my own behalf. I have read this release form before signing below, and I fully understand the contents, meaning, and impact of this release.

| | |
|---|-------------|
| _____ | _____ |
| Please Print Patient's Name | Date |
| _____ | _____ |
| Patient's (Legal Guardian's) Signature | Date |
| _____ | _____ |
| Doctor's Signature | Date |
| _____ | _____ |
| Witness Signature | Date |