

Photo Consent Form

I hereby give Maginnis Orthodontics and any and all employees and/or agents of Maginnis Orthodontist the right and permission to use and/or publish photographs of me for art, promotional and educational purposes (including but not limited to, advertising, publicity, commercial or display of use.)

Initial the Following:

_____ Yes, you may use my photos

_____ No, please do not use my photos

Signature: _____

Date: _____