

Perfect Smile Dental Spa  
2155 W. Roscoe, 1N  
Chicago, IL 60618  
(773) 528-3384

### PHOTOGRAPHY RELEASE FORM

I \_\_\_\_\_, hereby authorize Perfect Smile Dental Spa to take photographs, slides, and/or videos of my face, jaws, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used for educational and promotional purposes.

I further understand that if the photographs, slides, and/or videos are used in any educational or promotional publications, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date