



Cain Orthodontics Photo Consent Form/Release

PATIENT'S NAME (please print):

Cain Orthodontics on occasion takes photos and videos of patients to be used in the office, on our website, Facebook, news print and related publications. This list is not inclusive but serves to demonstrate situations in which patients may be photographed.

____ I give permission for Cain Orthodontics to display my photo(s) or video(s) in association with Cain Orthodontics events, functions, or publications.

____ I request that my photo or video **NOT** be displayed in association with Cain Orthodontics events, functions, or publications.

Signature of PARENT or legal guardian (if under 18):

_____ Date: _____

Signature of PATIENT (if over 18):

_____ Date: _____