

## Photography Agreement

Dear Patient,

Doctors Jim and Wendy McCreight and Team often take photographs for a variety of purposes. Please initial below the purposes, which you grant permission for use.

\_\_\_\_\_ Case documentation; laboratory communication

\_\_\_\_\_ Continuing education lectures including power point presentation, dental articles or publications.

\_\_\_\_\_ Other publications / media use (i.e. newspaper, magazine, televisions, airport billboards and the McCreight Progressive Dentistry website)

\_\_\_\_\_ Social Networking including Facebook & Twitter

I hereby grant permission for the use of any purposes initialed above. I also acknowledge that this is done voluntarily and without compensation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date