deborahruprecht DDS
periodontics & implant specialty

Photo Release Form

I____, hereby authorize Dr. Deborah Ruprecht, or any of her assignees 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 used for educational purposes in lectures, demonstrations, advertising (including website publication, newspapers, magazines, phone books, television) and professional publications (dental magazines and journals).

I further understand that if the photographs, slides and/or videos are used in any publication or as part of a demonstration, my name and/or other identifying information could be used unless stated differently below. I do not expect compensation, financial or otherwise, for the use of these photographs.

Please Initial:

_____ I do not mind if my name and face are used in any of the above stated situations.

Exceptions:

_____ I do not wish to have my name shown or released.

_____ I do not wish to have my face shown.

_____ I only agree to have teeth shown without any features.

____ ________________

Patient Signature Date

____ ________________

Printed Patient Name Date

32241 Crown Valley Parkway, Suite 250 ●Monarch Beach, CA 92629
Telephone: (949) 248-3848 ● Fax: (844)272-1012 ● Email: RuprechtDDS@gmail.com
www. orangecountyperiodontist.com