

I, \_\_\_\_\_, hereby agree and give my permission for **Green Valley Oral Surgery & Dental Implant Center.**, and their respective dentists (hereby referred to as **GVOSDIC**) to use my pictures or videos during patient care.

I understand that my photos or videos may be used in:

1. Social media posts (Instagram, Facebook, LinkedIn, etc.)
2. Company website gallery, as well as in-office photography, hanging on the wall in the waiting room, in operatories, and in a compilation book for case presentation.

I understand that these photos or videos will not be used for any other commercial purposes without my written consent. By designating the appropriate box below, I grant my permission in the following manner:

I authorize and permit **GVOSDIC** to use my photos or videos, first name, and a brief story about my patient care in all forms of media release as outlined above.

I authorize and permit **GVOSDIC** to use my photos or videos, first name, and a brief story about my patient care for inter-office use only.

I authorize and permit **GVOSDIC** to use my photos or videos, first name, and a brief story about my patient care for community use only.

I do not authorize and permit **GVOSDIC** to use any of my photos or videos or mention my first name for media releases, inter-office, and community use.

Signature \_\_\_\_\_ Date \_\_\_\_\_