

Vienna Dental Arts

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PHOTO AND DIGITAL IMAGES CONSENT

Dear Patient:

Occasionally, we are taking pictures of your teeth, smile or of entire face. We are using them (or just keeping them on file) for Insurance and for Liability reasons. Some of the dental cases are unique and some of them are very helpful for other patients to make a decision regarding dental treatment. We do not sign your name under the images and we use them for internal office purposes only.

By signing this form, I agree to give Vienna Dental Arts, its associates and dental assistants permission to take and to use free of charge, photos and digital images of me and of my dental work for internal office use, website and for educational purposes. I understand that I may revoke permission to use my photographs / images at any time by contacting Vienna Dental Arts in writing.

Name (Last, First, M.I.): _____
(Patient/Subscriber or Guardian if a minor)

Signature

Date