

Rocky Ridge

Dental Associates

Photographic Release Form

Blanket Photograph Release

I _____ authorize Dr. Roy A. Smith, III the use of my pictures in all of the formats described below.

Signature

Date

Authorization For Use of Pictures In Dental Publications

I _____ authorize Dr. Roy A. Smith, III the use of my pictures to be used in publications for dentistry and dental lectures.

Signature

Date

Authorization For Use of Pictures in Office

I _____ authorize Dr. Roy A. Smith, III the use of my pictures to show other patients my before and after pictures.

Signature

Date