

MEDIA RELEASE CONSENT

I, _____, hereby agree and give my permission for Smiles by White, to use pictures of my smile, both before and after, in the capacity of case presentation. I understand that my photos, both before and after, may be used in:

~ social media posts (Instagram and Facebook) company website gallery, as well as in-office for case presentation

By designating the appropriate box below, I grant/deny my permission in the following manner:

I authorize and permit SMILES BY WHITE to use my photos, and a brief story about my smile in all forms of media release as outlined above

I **DO NOT** authorize and permit SMILES BY WHITE to use my photos in any capacity

I **ONLY** authorize my consent if I choose to start treatment for myself or child

_____ Date _____

Patient, Legal Guardian or Authorized Representative