



ManiDental Family Practice
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"We bring your smile to life!"

CONSENT TO PHOTOGRAPHY

_____(patient) authorize ManiDental to take photographs, and/or videos of my face, jaws and teeth, before, during and after treatment.

ManiDental participates in many social media outlets. Through these venues, we share staff and patient photos, office updates, new contests, contest winners, and other fun and helpful information updates that may benefit our patients.

I do not expect compensation, financial or otherwise, for the use of these photographs.

___ Check here if you do not want your full face shot used for any of the above purposes.

This authorization will be valid until revoked either verbally or in writing.

Name of Patient

Signature of Patient or Guardian

Date