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## Model Release:

We routinely photograph patients during various stages of treatment. The purpose of this is to capture great before and after cases. Oftentimes, these pictures are selected for use in our marketing efforts. These pictures never reveal the identity of the patient and are limited to teeth and lips only unless a professional portrait is taken.

May we have your approval to use any of your treatment pictures for promotional use? *By signing below* you allow Sherstoff Dental to use your photographs for such purposes.

(We thank you for allowing us the privilege!)

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If under age 18: I, \_\_\_\_\_, am the parent/legal guardian of the patient named above. I have read this release and approve its terms.