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Social Circle Dental



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Photo Consent Form

By checking the box(es) below, you are authorizing our office to use your images for the purpose of dental education. We often do social media posts such as before and after's when a patient undergoes a dental transformation, pictures of the staff and the patients together, or pictures of the doctor performing a procedure in which you may be pictured while in the dental chair. You will not be identified by name in any way, but your images will be seen.

- I authorize the use of my images where my face and teeth are identifiable
- I authorize the use of my images where only my teeth are identifiable

We understand that this may be a situation in which you are not comfortable with and would prefer to opt out of. By signing the box below you are prohibiting Social Circle Dental from using images of your teeth and or face for any reason.

- I do not authorize Social Circle Dental to use any images of my face or teeth for any reason

By signing this form you hereby declare that the options you have selected are what you wish to consent to.

Patient Name (Printed)

Patient Name (Signature)

Date