

Photography Release Form

DR. BRIAN BAILEY'S OFFICE
308 Dartmouth Drive
Midland, MI 48640

By signing this form you are giving permission to have you and/or your child's photograph in your chart. We don't display the photos of our adult patients, but we do display the children's photos.

Also, there are times we take before and after photos of our braces, cosmetic, and restorative procedures. By signing this form, this authorizes our office to utilize the photos within our web site and/or promotional literature. (No full facial pictures will be utilized, only the mouth and teeth portion of the photograph.)

Patient's
Name _____

Patient (or parent)
Signature _____

Date signed _____