



PHOTOGRAPHY AGREEMENT

Dear Client,

Doctors Jim and Wendy McCreight and Team often take Photographs / Videos for a variety of purposes. Please initial below the purposes, which you grant permission for use.

Full Face _____ Close Up _____

_____ Case documentation; laboratory communication

_____ Continuing education lectures including power point presentation, dental articles or publications.

_____ Other publications / media use (i.e. newspaper, magazine, televisions, airport billboards and the McCreight Progressive Dentistry website)

_____ Social Networking including Facebook & Twitter

I hereby grant permission for the use of any purposes initialed above. I also acknowledge that this is done voluntarily and without compensation.

Client / Guardian Signature

Date

Client Printed Name

Doctor Signature

Date