



## Media Consent Form

The undersigned hereby grant Lafayette Orthodontics and its employees the right to use photographs, videos, or interviews of: **(Patient Name)** \_\_\_\_\_ for office purposes and social media.

The undersigned also hereby releases Lafayette Orthodontics and its employees, from any and all claims, demands, causes of action and suits arising out of or in connection with the use of these photographs, videos, or interviews.

**Patient DOB:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature** (if under 18 parent must sign): \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by parent:

**Parent name:** \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_

Accept

Decline

\*\*\*We do not share your contact information with outside parties.

