



# CONSENT FOR PUBLICATION OF NAME AND/OR PHOTOGRAPH FOR USE BY BEL AIR ORTHODONTICS

Patient Giving Consent:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

To The Patient or Person Authorized to Give Consent:

Bel Air Orthodontics is proud of our patients and their accomplishments, and we like to spread the news. By signing this form, you will consent to the use and publication of your name and/or photograph on the Bel Air Orthodontics' bulletin boards and website @ [www.belairortho.com](http://www.belairortho.com) or [www.belairorthodontics.com](http://www.belairorthodontics.com). Here are just a few of the ways, we may spread the news. Please sign where authorization is granted:

- If you are featured in the local paper, school newsletter, or other media, we'd like to post the article on our "Famous Patients" bulletin board located in the walkway to our clinical area.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- As a contest winner, we'd like to post your name and/or photograph on our contest bulletin board, publish them on our website, and/or send them to the local paper for publication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: \_\_\_\_\_ (Please print)

Relationship to Patient: \_\_\_\_\_

Personal Representative's Signature: \_\_\_\_\_

Right to Revoke: You have the right to revoke this Consent at any time by giving Dr. Stephen L. Godwin written notice of your revocation. Please understand that revocation of this Consent will not affect any action Dr. Godwin took prior to receiving your revocation.

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Consent for Publication, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)