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Photography Consent Form

I AM INFORMED BY the East York Dental Center that it wishes to photograph me in connection with my dental services I am receiving.

I, the undersigned, **HEREBY CONSENT** to be photographed and **AUTHORIZE** photographs taken before, during, and after completion of my dental treatments to be used for dental records, research, education, public relations, patient counseling or other purposes.

I further **AUTHORIZE** and **CONSENT** that the photographs relating to my dental care may be published and re-published, either separately or in connection with each other in dental photo albums, professional journals, or dental books.

Date

Signature

Witness

Print Name

Address