

BRIGHT SMILES
COSMETIC & IMPLANT DENTISTRY
1444 Kempsville Rd. suite101
Virginia Beach, VA 2346

Patient Consent for Photographs

I consent to taking photographs for:

- Inclusion in my dental record
- Use in presentation and education (no identifiable images will be used)

_____	_____	_____
Patient/Guardian Name	Date	Signature

I authorize Bright Smiles Cosmetic & Implant Dentistry to disclose my health and dental information to the below parties via telephone, fax, or e-mail to the extent necessary to help with my healthcare or with payment for my healthcare.

Yes No

I authorize Bright Smiles Cosmetic & Implant Dentistry staff to leave detailed voicemails regarding my dental information.

Yes No

I authorize Bright Smiles to send appointment reminders via text and/or to the address given on the new patient information sheet.

Yes No

_____	_____	_____
Patient/Guardian Name	Date	Signature