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PHOTOGRAPHY MODEL RELEASE FORM

I, _____ (please print),
hereby authorize Dr. Angela B. Bateson to take photographs, slides, and/or
videos of my face, jaws, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record
of my care, and may be used for educational purposes in lectures,
demonstrations, advertising (including website publication, newspapers,
magazines, phone books, television), and professional publications (dental
magazines and journals). These images may include full-face portraits and close-
up views of teeth.

I further understand that if the photographs, slides, and/or videos are used in
any publication or as a part of a demonstration, my name or other identifying
information will be kept confidential. I do not expect compensation, financial or
otherwise, for the use of these photographs.

Signature

Date