

## Digital Photography Informed Consent

I, \_\_\_\_\_, a patient of Dr. Kevin Brown, Dr. Howard Jensen and/or Dr. Brian Fong have consented to digital photography. I understand that photographs may be taken during my dental procedures to enhance laboratory communication and the final result of my treatment. I also give my consent for Drs. Brown, Jensen, and Fong to use photographs of my treatment for teaching and educational purposes. They may also use them in the office photo albums. website and/or social media. No names will be used when showing the photos.

\_\_\_\_\_  
Signature of patient or personal representative:

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