



Social Media / Photo Consent Form

Core Dental Health would like permission to use images taken of you/your child to provide our social media platforms with your positive experiences at our office.

Please indicate below the following areas where you consent to the use of your /your child's picture.

Please check all that apply:

- Core Dental Health Website
- Core Dental health Facebook/Instagram/etc.
- Full face can be shown
- Teeth only can be shown
- First name can be used
- I do not want mine or my child's picture taken/posted.

Patient Name _____

Parent/Guardian Signature _____

Date _____