Patient Photo & Social Media Authorization

Practice Name Where Consent Is Obtained:

_____ Matheson Dentistry & Implant Center

_____ Bellissimo Dentistry & Implant Center

I authorize the dental practice listed above and all affiliated dental practices to take and use photographs, videos, and other images of me (or my minor child) for:

- Marketing and advertising
- Social media and websites
- Patient education
- Printed and digital promotional materials

I understand that:

- This consent applies to **all affiliated dental practices or dental related businesses** under the ownership of Dr. Alexander Matheson and partners even if they are separate legal entities.
- My name will not be used unless I give separate written consent.
- I will not receive compensation for the use of these images.
- Images may be edited and used across media platforms, including third-party social media sites.
- I may revoke this authorization in writing for future use only.

Patient / Guardian Name: _____

If patient is a minor, Minor's Name: _____

Signature: _____

Date: _____