



WB ORTHODONTICS
WE TAKE YOUR SMILE PERSONAL

Photo Release Form/ Appointment Reminder Preference

DATE: _____

I give my permission for photos of myself/my child, _____ to be used in WB Orthodontics advertisements; to include, but not limited to, publications such as local newspapers, marketing flyers/brochures, office website and video production.

I give my permission for photos of myself/my child, _____ to be taken by WB Orthodontics. The pictures can be emailed to MY email address and used for in office advertisement and newsletters.

I do not wish for any photos of myself/my child, _____ to be used in connection with WB Orthodontics advertisement publications.

Patient, if a minor-Parent/Guardian (Please Print) _____

Signature: _____ Date: _____

Appointment Reminder Preference:

Mobile text notification Voice notification Email Notification

If at any time you wish to change this form please let us know