



**Photo Release Form**

\_\_ 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; to be posted on social media, such as, Facebook and Instagram. Photos can also be displayed in office.

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

**HIPAA Acknowledgement and Appointment Reminders Form**

I \_\_\_\_\_ understand that WB Orthodontics' staff members may need to contact me with appointment reminders or information related to my treatment via text message, email or voice call. If this contact is to be made by phone, and I am not at home, a message will be left on my answering machine or with anyone who answers the phone. By signing this form, I am giving WB Orthodontics authorization to contact me with these reminders.

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

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