



**CONCEPT**  
D E N T I S T R Y

## CONSENT TO USE OF NAME OR IMAGE:

I hereby consent that my name and/or any image including radiographs, intraoral photos or portrait of me may be used by Concept Dentistry for such purposes in connection with before and after treatment that Concept Dentistry has provided and may be used, exhibited, and published for educational and promotional purposes and included any media currently in use or yet to be invented, in perpetuity.

Patient Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_