



I grant permission to Cheek Dental for the use of my and/or my child's photos and/or story for patient education or marketing purposes, including Cheek Dental's website, Twitter account, Instagram account, and/or Facebook account.

I give consent for:

My first and last name be used

My first name only be used

No name be used

My photos may not be used

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

Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_