



Bourne Orthodontics

Bourne To Smile!

Photo Consent Form

Dear Parent/Patient,

We would like your permission to use photos of you/your child, along with first name only, for our website and/or social media.

Please check the following where you consent to the use of pictures of you/your child.

- | | |
|------------------------------|--------------------------|
| Bourne Orthodontics Website: | <input type="checkbox"/> |
| Social media | <input type="checkbox"/> |
| Full face can be shown | <input type="checkbox"/> |
| Teeth only can be shown | <input type="checkbox"/> |

I grant my permission for photographs of me/my child to be used in the formats selected above.

Name of Patient _____

Name of Parent _____

Signature _____

Date _____

Thank you!

Bourne Orthodontics

Decline photos _____