**🦷 Patient Consent Form for Advertising and Marketing Use**

**Issued by:**

**Dr. Mostafa Osama’s Sixteen Teeth, LLC**

A company legally owned and represented by **Dr. Mostafa Osama Mahmoud**, including any other business entity he owns or is associated with.

📍 **Registered Address:** 8200 NW 41 St, Miami, Florida 33166, USA

📞 **Phone:** +1 786-852-8709

**🔹 Patient Information:**

* **Full Name:** …………………………………………………….
* **Passport or National ID Number:** …………………………………………………….
* **Date of Birth (DD/MM/YYYY):** …………………………………………………….
* **Phone Number:** …………………………………………………….

**🔹 Consent Agreement:**

I, the undersigned, hereby give my full and informed consent as follows:

1. I authorise Dr. Mostafa Osama Mahmoud, Dr. Mostafa Osama’s Sixteen Teeth, LLC, any company he owns, and Dr. Mostafa Osama in his personal capacity, to permanently and irrevocably **record, photograph, and/or film** me during my dental consultations and/or treatments.
2. I grant them the unrestricted, worldwide, perpetual right to use any such content for **promotional, advertising, or marketing purposes**, across all forms of media, including but not limited to:
   * Social media platforms (e.g., Instagram, Facebook, YouTube, TikTok, Twitter, LinkedIn)
   * Print and digital advertisements
   * Websites, landing pages, and online stores
   * Television, exhibitions, and physical marketing displays
3. I understand and agree that such material may include **my image, voice, name, likeness, and before-and-after photos**.
4. I confirm that I **will not receive any financial compensation, royalties, or reimbursement** now or in the future.
5. I waive any right to inspect, approve, or request modifications to the final content.
6. I understand that this consent is **voluntary**, and I waive the right to revoke it for any materials already produced or shared.
7. This consent applies to **current and future content**, even from prior or future treatments.
8. I agree this consent is valid **internationally**, wherever Dr. Mostafa Osama’s companies operate.
9. I waive all rights to **legal claims related to privacy, copyright, defamation, or publicity**.
10. I understand the media may be **edited, cropped, captioned, or combined** with other content as deemed suitable.
11. I agree this consent is **binding, permanent, and non-revocable**, including in the event of company restructuring or rebranding.

**⚖️**

**Legal Disclaimer:**

This consent is governed by the laws of the jurisdiction where treatment was provided and/or where the company is registered. Any legal dispute will be resolved exclusively through **binding arbitration**. This form is enforceable in all jurisdictions where **Dr. Mostafa Osama Mahmoud** operates.

**Acknowledgement and Signature**

I confirm that I have read and fully understood the above terms. I provide my clear, unconditional, and irrevocable consent for the use of my photographs, videos, or recordings.

* **Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_
* **Witness Signature (Sales Manager Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_