Dr Jack Dowling

DENTAL AESTHETICS

PATIENT CONSENT

Photography Consent Form

In view of the explanations given to me by Dr Jack Dowling, I consent to the following. Please tick one or more boxes.

- ☐ Photographs or videos being taken for my personal medical records only
- ☐ Photographs or videos being used for educational purposes
- ☐ Photographs or videos being displayed for advertising and display purposes

DECLARATIONS (PLEASE INITIAL EACH)

01 The recorded material has educational, clinical and historical record keeping value. I consent to it being shown to appropriate professional staff.

_____ Initial

02 The recorded material may be used in educational environments including professional and public meetings and via the internet. As a result I understand that the general public may see the material. The material may be used in conjunction with other photographs, drawings, videos, sound recordings or forms of illustration. Should I request it, every effort will be made to conceal my identity, but confidentiality is not guaranteed.

_____ Initial

03 I understand that no fee is payable to me by any party involved, now or at any time in the future.

_____ Initial

04 I understand that should the material be seen in the public domain it may be recorded by others, and it may not be possible to retrieve it or control further distribution.

_____ Initial

05 I understand that it may be possible to identify me from the pictures, though every effort will be made not to do so. The purpose of recording the material has been clearly explained to me in terms I have fully understood.

_____ Initial

06 I understand that once given, this consent cannot be retracted, although if I wish for use of the material to stop, every effort will be made to do so immediately.

_____ Initial

PATIENT DETAILS AND SIGNATURE

Full name _____ Date of birth _____

Signature _____ Date _____