



Dent Outline needs your help!

Help us build our smile gallery by signing the consent form, which allows us to show our work to the world. We want to display your progress. However, refusal to consent to photographs will in no way affect the quality of the medical care you will receive.

For any questions or needed clarifications, please ask any of your doctors or Dent Outline staff.

Consent Form

As a patient of Dent Outline, I consent to have medical photographs taken of my child (or person for whom I am a legal guardian) or me during my treatment. Thus, I understand and allow the information to be used in my medical records, as well as published online. By signing, I confirm that the entirety of this consent form has been explained to me in terms in which I fully understand.

By signing this consent form, you agree to the following:

- ❖ Any photographs that might be taken will be published without my name attached, and my doctors will make every attempt to ensure my anonymity online. However, I understand that someone somewhere might recognize me. Thus complete anonymity cannot be guaranteed.
- ❖ These photographs will be available for viewing by members of the scientific community, medical researchers, or the general public.
- ❖ I may change my decision and withdraw my consent at any point before they are published online. However, once published or uploaded in their final form, I will no longer be able to change my decision and ask or demand them to be taken down.
- ❖ I will not receive or ask for any financial benefits from the publication of these photographs.
- ❖ I confirm that I have seen the photographs.

Name _____ Date _____

Signature of patient

Signature of Healthcare Professional
