

INFORMED CONSENT AND OFFICE POLICY ACKNOWLEDGMENT

I consent to the use of my dental records (e.g. x-rays, photographs, and plaster models) for purposes of consultations, educational and research purposes, publication in professional journals, or use in professional collateral materials, but not to the use of my specific name, address, social security number, or other information which would have the effect of specially identifying me as a individual.

Patient _____ Date _____
Print

Patient _____ Date _____
Signature

Witness _____ Date _____
Signature