



Photo Release Form

Lucas Orthodontics would like your permission to use images taken of you/your child to showcase on our website and/or social media pages. Please be aware that patients will only be identified by their FIRST names in any photo used.

I, _____, give my permission for Lucas Orthodontics to use my/my child's photo for the Lucas Orthodontics website and/or social media pages.

- Please check box if you **DO NOT** want your/your child's photos used on our website or social media pages.

Patient's Name: _____

Patient's Signature: _____

Parent Signature (if patient is a minor): _____

Date: _____