

Digital image consent form

- Clinical photos play a key role in the education of patients and staff. Thus benefiting future patients.
- If you do not fully understand any of the below please ask.
- If, in the future you wish to withdraw this consent, you have the right to do so at any time by writing to the practice.
- Your choice or refusal of consent level will not affect your treatment.

A. I understand the images taken are required for publication in a journal, textbook, as part of a display or information leaflet or an open access web site, which may be seen by the general public as well as dental professionals. To this I give my consent.

Signature.....
Date.....
Name
Status: patient/guardian/next of kin

B. I understand the images taken may be useful for the purpose of dental teaching and research and in view of the explanation given to me, I agree that the images may be shown to appropriate professional staff. To this I give my consent.

Signature.....
Date.....
Name
Status: patient/guardian/next of kin

C. I understand the images taken will form part of my confidential treatment record To this I give my consent.

Signature.....
Date.....
Name
Status: patient/guardian/next of kin