

Photo and Video Consent

I, the undersigned, do hereby allow Conroy & MacGilpin Orthodontics to post my photographs and/or videos on their website and/or social media* pages.

Patients Name: _____

Address: _____

Phone # _____

Patient's Signature: _____

Date: _____

If under 18 years of age,

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

Date: _____

*Your last name will NOT be used.