

## Photo and X-ray Consent Form

I/We allow Cory Liss Orthodontics to use my/my child(s) Photo or X-rays to be used for the following purposes:

Website  
In office Display  
Community advertising  
Practice brochures/handouts

Print Patients Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_