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PHOTOGRAPHIC RELEASE

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By signing this form, you may also release any claims you may have resulting from use or publication of the photographs in accordance with this release, including claims that such use or publication invades your privacy or violates your rights of confidentiality as a patient.

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I agree to allow Dr. Steven B. Andreaus to utilize my photos in publication only. I do not agree to the use of my photos in slide, video, or other presentation forms.

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My agreement above applies to: Images of my face Images of my teeth/smile (but not face)
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I understand that checking any space above and signing below negates any future claim I may wish to monetary proceeds resulting from publications or presentations in which my photos are utilized, and renders invalid any future requests by me to NOT utilize my photos in such manners.

I do not wish my photos to be used for any purpose other than clinical consideration of, and consultation about my individual medical treatment. I understand that that checking this space and signing below renders Dr. Steven B. Andreaus unable to utilize my photos for presentation or publication purposes.

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