

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 website, which may be seen by 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