



## Photo and Web Release Form

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, authorize Pediatric Dental Specialists to photograph my child. I understand that the photos may be used for teaching purposes and may be published in textbooks or professional journals.

*In addition, Pediatric Dental Specialists may use such photos for presentations on television, our website or seminars for the purpose of educating the public about pediatric dentistry.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**Pediatric Dental Specialists**

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