



**WB ORTHODONTICS**  
WE TAKE YOUR SMILE PERSONAL

**Photo Release Form/ Appointment Reminder Preference**

DATE: \_\_\_\_\_

I give my permission for photos of myself/my child, \_\_\_\_\_ to be used in WB Orthodontics advertisements; to include, but not limited to, publications such as local newspapers, marketing flyers/brochures, office website and video production.

I give my permission for photos of myself/my child, \_\_\_\_\_ to be taken by WB Orthodontics. The pictures can be emailed to MY email address and used for in office advertisement and newsletters.

I do not wish for any photos of myself/my child, \_\_\_\_\_ to be used in connection with WB Orthodontics advertisement publications.

Patient, if a minor-Parent/Guardian (Please Print) \_\_\_\_\_

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

**Appointment Reminder Preference:**

Mobile text notification     Voice notification     Email Notification

**If at any time you wish to change this form please let us know**