

## INFORMED CONSENT TO PHOTOGRAPH

I \_\_\_\_\_, do hereby give consent for Tatiana Ostanina D.D.S., to take photographs pertinent to my dental treatment, use them in lab and insurance communication as well as share them with other dental specialists involved in my care. The photos can be used for educational purposes by Dr. Ostanina and may be displayed within our office and/or within the dental office website patients' gallery, [www.ostaninadds.com](http://www.ostaninadds.com).

Dr. Ostanina and her office staff will protect the patient's personal data such as name, date of birth and **full face images** from being displayed.

Signature \_\_\_\_\_

Data \_\_\_\_\_