



HUNT & FALTER
ORTHODONTICS

Photo Release Form

I grant permission to Hunt Orthodontics to use photographs of myself or child (name below) publicly to promote the practice. I understand that the images may be used on the website, and/or social media. I understand that Hunt Orthodontics has no financial obligation for use of the photographs.

Permission granted for photographs listed below:

Patient Name: _____

Signature: _____

I hereby certify that I am the parent or legal guardian of the individual named above and I give my consent without reservations.