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PHOTOGRAPHY RELEASE

I, _____, hereby consent and authorize Dr. Lambert and his team at Always About Smiles to take photographs, slides, and/or videos of my face, jaws and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used with or without my given name or with a fictitious name for educational purposes in lectures, demonstrations, advertising, professional publications (dental magazines and journals) and any other lawful purpose.

I release and forever discharge Dr. Lambert from any claim, demands, or liability on account of such use or for the quality of the reproduction of the image.

Signature

Date

Witness

Date

Minors Only: If the signature above is by a person under the age of 18, parent or guardian should sign here:

I, _____, parent or guardian hereby consent to the release as stated above.