



INFANTS | CHILDREN | YOUNG ADULTS

CONSENT FOR USE OF PHOTOS AND X-RAYS

I, being the parent or guardian of _____

understand by signing this form, I will consent to your use and disclosure of my child's protected health information in the form of photographs and x-rays for in office use and educational presentations. I understand that my child's name will not appear on any materials that are used outside the office as part of an educational presentation.

Signature _____

Dated _____