

Photography Agreement

Dear Patient,

Doctor Justin W. Griffin often takes photographs for purposes of case documentation, laboratory communication, continuing education lectures, slide presentations, and for various dental and/or other articles, video, social media and advertisements or publications.

I hereby grant permission the use of any and all photography and x-rays to Doctor Justin W. Griffin for the purposes stated above. I also acknowledge that this is done voluntarily and without compensation.

X _____ Date _____