

# ANIMAS PEDIATRIC DENTAL GROUP, P.C.

www.animaspediatricdentistry.com

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**LAWRENCE E. SUAZO, D.D.S.**

**KRISTIN MURPHY, D.M.D.**

## CONSENT FOR IMAGE/PHOTO

The purpose of this form is to request permission to use your child's/children's photo/image and First name in any of the following platforms: Advertising, Facebook, Practice Website and/or special event.

**DATE OF PHOTO BEING USED/DATE TAKEN:** \_\_\_\_\_

### PATIENT/CHILD:

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
First Name                      Last Name

### PARENT/GUARDIAN:

\_\_\_\_\_  
Printed First Name              Printed Last Name

By signing below and printing my child's name, I am confirming that I have read the information on this form regarding the posting of my child's photo/image, and affirms that I grant permission for my child's photo/image and first name to be posted in Animas Pediatric Dental Groups's advertisements in the phone book, advertisements online, Facebook, Practice Website and/or special event.

*If you as a parent or guardian wish to rescind this agreement and remove your child's information or photo from our Advertising, Facebook, Website and/or special event, you may do so at any time in writing by sending a letter to the front office. For Facebook, Practice Website and/or Special Event rescission will take effect upon receipt of written document by the administrative department. For Advertisements online, rescission will take place when the advertising period expires. For advertisements in the phone book rescission will expire when the following year's phone book releases.*

### SIGNATURE OF PARENT OR GUARDIAN:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_