



Dr. Leslie C. Horn, D.M.D.

Photography Model Release

I, _____, hereby authorize Dr. Leslie Horn to take photographs, slides, and/or video 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 for educational purposes in lectures, demonstrations, advertising (including website publication, newspapers, magazines, phone books, and television), and professional publications (dental magazines and journals). These images may include full face portraits and close-up views of teeth.

Furthermore, I understand that if the photographs, slides, and/or video are used in any publications or as a part of a demonstration, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for use of these photographs.

Signature

Date