



Plaza Dental Group
FAMILY DENTISTRY
Patient Consent To
Photography/Video Recording

This form gives my consent to be photographed/ filmed or recorded (the “material”) as indicated below. I understand if I do not wish to be photographed, filmed or recorded, it will not affect my treatment or medical care in any way. (level 1- no consent)

I confirm it has been explained to me, in terms I have understood how the material could be used.

I understand the material has educational value- if I consent to level 4, this means it could be used in training clinical staff, for research or published in different media anywhere in the world. I understand that this means, it may also be seen by the general public. (every effort will be made to conceal my identity but this cannot be completely guaranteed.)

I can see the material by arrangement with either:

- Dental Illustration
- My Staff who holds the images

I understand that no fee is payable to me by Plaza Dental Group, or any other person in respect of the material either now or in the future.

PLEASE CHECK ONE BOX ONLY AND SIGN NEXT TO IT

Level 2

- I consent to the material being part of my medical record only.
(not for teaching or publication or conferences/websites)

Signature _____ Date _____

Level 3

- I consent for the material to be part of my medical record and for teaching staff- (but not for publication or presenting at conferences/ websites)

Signature _____ Date _____

Level 4

- I consent to the material part of my medical record and used for teaching, presentation at conferences, or made available on the websites and in publications.

Signature _____ Date _____

If you decide to withdraw consent at a later date – it may not be possible at Level 4 where images could be already in the public domain.

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