

Thurloe Street Dental.

Thurloe Street Dental 10 Thurloe Street South Kensington London SW7 2ST Tel: 020 8584 5551 Email: enquiries@londonsmiles.com

21 March 2016

## **Facial Aesthetics Photographic and Digital Image Consent**

Name of patient:	
Date of birth:	
Address:	

We may occasionally need to take photographs of you as part of your clinical records to enable us to plan your treatment more effectively or to show you the results of treatment, pre and post operatively. The questions below refer to your permission to take these photographs, how we will store them and use them. We would also like to ask your permission to use them anonymously at all times to demonstrate examples of treatments we perform via treatment consultations with other patients, by publishing them on our website and using them in media advertising, again your anonymity will be maintained at all times. If you are happy to allow us to use your name and /or identity in these photos please indicate this on the answers below.

Please answer yes or no to the following questions by **circling your choice:** 

1.	I give my consent for photographs to be taken for my records as deemed	YES/NO
	appropriate and stored digitally to aid my future care and treatment planning	
2.	I give my consent for my photographs to be shown to other professionals	YES/NO
	as deemed appropriate to aid treatment planning (e.g. for a further opinion)	
3.	I give my consent for my photographs to be used anonymously for patient	YES/NO
	education in the practice (e.g. to show before and after photos of treatment)	
4.	I give my consent for my photographs to be used anonymously (identity protected)	YES/NO
	on the practice website and in future advertising materials and on social media	
5.	I give my consent for my photographs to be used with my identity and/or name present	YES/NO
	in the practice, on the practice website, advertising materials and on social media.	

I give my consent as above until further notice and can withdraw this consent at any time by informing the practice in writing.

Signature	
Full Name	
Date	