



Drs. Sher and Frankel

Specialists in Periodontics and Implant surgery

29001 Cedar Road Suite 400

Lyndhurst, Ohio 44124

Photo Release Consent

I understand that photographs may be taken during my visit. I accept that I may be recognized from my likeness or case history. Nevertheless, I authorize my periodontist to use my photographs, videotapes, and case information for lectures, educational materials and social media.

Patient Signature _____ Date _____

Print Name _____

**The consent provided in this document shall be valid immediately and until such time as a patient affirmatively withdraws, in a writing addressed to Dr. Deena Sher, from the consent provided herein. Such withdrawal shall be effective upon its receipt by Dr. Deena Sher.

OR

****I decline the use of the use of any images to be used for any purpose other than treatment.**

Patient Name: _____ Date: _____

Patient Signature: _____ Date _____