

CONSENT TO TAKING AND USING PHOTOGRAPHS, RADIOGRAPHS, AND STUDY MODELS

PATIENT:	PLACE:	DATE:
for this purpose, to take phot during, and after orthodontion to be used in dental and med	cographs, study models and/or radio treatment and to permit such photo ical lectures, conferences or for any all education, knowledge or research,	aphers, and technicians as they may engage ographs as the may find necessary before, ographs, study models and/or radiographs other purpose they may deem fit in the including use in dental and medical
WITNESS:	SIGNED:	



CHILD & ADULT ORTHODONTICS and DENTO-FACIAL ORTHOPEDICS • Treating TMJ Disorders

3 SUMMER ST. HANOVER, NH 03755 (603) 643-2170 188 MAIN ST.
NEW LONDON, NH 03257
(603) 526-4060

246 BROAD ST. CLAREMONT, NH 03743 (603) 543-0066