

The Guter Center
for Family & Cosmetic Dentistry
Hans P. Guter, DDS • General Dentist

Image Release Form

The Guter Center for Family & Cosmetic Dentistry Inc. would like to use patient images on its Web site. Occasionally, it might be necessary to use the first name of a patient, but no last names, addresses, and/or telephone numbers will ever be used.

___ We/I hereby give permission for The Guter Center for Family & Cosmetic Dentistry Inc. to use photos along with first name on their Web site and other forms of communication.

___ We/I hereby give permission for The Guter Center for Family & Cosmetic Dentistry Inc. to use images only *without* first name on their Web site and other electronic forms of communication.

___ We/I hereby *do not* give permission for The Guter Center for Family & Cosmetic Dentistry Inc. to use photos on their Web site and other forms of communication.

Patient's Name: _____

Signature: _____
(Parent or Guardian of minor patients is required)

Date: _____

*Please note, if you are a new patient and have signed this release form; your full name (first and last) will be printed in the next edition of our newsletter and will be listed on our Web site to recognize you as a new patient.

