



**Richard Bowen, DDS**  
**Taryn Gehlert, DDS**

www.bowenlegacydental.com

Tel: 614-459-2300

General, Cosmetic & Implant Dentistry

770 Jasonway Ave.  
Columbus, OH 43214

### CONSENT TO DENTAL PHOTOGRAPHY

I, \_\_\_\_\_, authorize Bowen Legacy Dental, to take photographs, and/or videos of my face, jaws  
(Patient name)  
and teeth, before during and after treatment.

I consent to allow the photographs to be used for the follow:

- Dental Records
- Dental Research
- Dental Education including lectures, seminars, demonstrations and professional publications such as journals or books
- Marketing material, including websites and printed materials, patient education and social media posts

I further understand that if the photographs and/or videos are used, my full name and/or other identifying information will be kept confidential.

I do not expect compensation, financial or otherwise, for the use of these photographs.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

-OR-

I do not want my full-face shot used for any of the above purposes

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_