



Image Release

We are very proud of the quality of care we provide. We love to show and tell our current and potential patients the amazing work we have done for you. With your consent we would use images to inform and educate on our website, social media accounts and other marketing materials. However, we understand and respect your privacy. You are under no obligation to consent to a release, nor will it impact your care, or any fees associated with your treatment.

Please check the release you are most comfortable with:

____ I give FFD permission to use my images for their website, social media accounts and marketing materials.

____ I do not give FFD permission to use my images.

I understand that I may revoke this authorization by written notice. Revocation only applies to new uses of any release images and cannot recall prior uses. I also understand that there is no compensation for the use of my images.

Signature: _____ Date: ____/____/____

Parent or legal guardian signature if the patient is a minor