*Your Perfect Smile Cosmetic & Family Dentistry*
**1939 Lawrence Road Kemah, Texas 77565 (281) 538-9300 Phone (281) 538-9031 Fax**
**www. yourperfectsmiledentistry.com**

# Consent to Dental Photography

Patient Name: _____

In connection with dental services, which I am receiving from Stacie L. Holt, DDS/Tracie L. DeVault, DDS, I agree and consent to allow photographs taken before, during, and after completion of my dental treatments to be used for dental records, patient counseling, or other purposes.

Date: _____

Patient Signature: _____

Witnessed by: _____