

**DMC DENTAL PRACTICE, INC  
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## **Photography Release**

**I \_\_\_\_\_, hereby authorize Dr. Mauricio Fonrodona / DMC Dental Practice Inc, to take photographs, slides, and/or videos of my face, jaws, and teeth.**

**I understand that the photographs, slides and/or videos will be used as a record of my care, and may be used for educational purposes in lectures, demonstrations, advertising (including but not limited to website publications, newspapers, magazines, phone books, television) and professional publications (dental magazines and journals)**

**I further understand that if the photographs, slides, and/or videos are used in any publication or as a part of a demonstration, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**