

## Office Photography/Social Media Consent

Here at Bloom Pediatric Dentistry, we make every effort possible to make our patients feel special. We love to share pictures of our patient's wonderful smiles on our Facebook page, Instagram, website and other office related materials for our friends and family to see how much fun a visit to the dentist can be! Please			
		initial one of the following lines and sign below.	
		I AGREE and hereby grant full permission to Bloom	Pediatric Dentistry, Dr. Therese Pham/Dr. Allie James and
staff to use either myself or my child/children's first name(s) only and photographs in any publication or advertising			
materials (printed or electronic), and/or social media (Faceb	ook, Instagram, website, etc.). This consent serves to		
waive all rights of privacy or compensation, which I may hav	e in connection with the use of my photograph and/or my		
child's photograph or name.			
If you agree, please be sure to follow our social media sites t	to see your child's smile :)		
Facebook: https://www.facebook.com/Bloompediatricdenta	<u>[</u>		
Instagram: https://www.instagram.com/bloompediatricdents	al/		
I DO NOT AGREE to have mine or my child/children'	s photograph or name being shared on social media or		
any other office related materials.			
	<del></del>		
Name of Patient			
Parent/Legal Guardian's Name (Print)	Relationship to patient/child		
(,	, , ,		
Signature	Date		