



PHOTO/ INTERVIEW RELEASE

Date: _____

I, _____, hereby give the Tri-County Dental Clinic, its staff, representatives, community partners, and legal representatives (in connection with dental services which I am receiving) and irrevocably agree and consent to allow photographs and or information from interviews to be used as part of the dental record, research, education, public relations, patient counseling, or other purposes.

Consent: _____

Signature