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PHOTOGRAPHY RELEASE/CONSENT

Here at Newburyport Pediatric Dentistry, we make every effort possible to make our patients feel special. We love to share pictures of our patients' beautiful smiles on our Facebook page, website, and other office related materials for our friends and family to see just how much fun a visit to the dentist can be! Please check one of the following boxes and sign below.

I **AGREE** and hereby grant full permission to Newburyport Pediatric Dentistry, Dr. Lindi Ezekowitz and staff to use either myself or my child/children's name(s) and photograph in any publication or advertising materials (printed or electronic), and social media. This consent serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or my child's photograph or name.

IF YOU AGREE, be sure to follow our social media sites to see your child's smile!

www.NewburyportSmiles.com

www.facebook.com @Newburyport Pediatric Dentistry

I **DO NOT AGREE** to have mine or my child/children's name(s) photograph used for public viewing.

Child/Children's Full Name

Parent/Legal Guardian's Name (Print)

Relationship to Child

Signature

Date