



Richard Gray, DDS (970) 221-3020  
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### **Photo, Video, Radiograph Waiver and Consent**

I, \_\_\_\_\_, the undersigned, do hereby authorize and consent to the use of photographs, radiographs, and videos of me taken by Dr. Gray and staff. I have granted this consent for an undefined period of time.

All images will be subject to the following conditions:

- The images will be used to illustrate information about dental conditions and-or treatment.
- No names, no full-face, and no identifying images will be used for any purpose without your express written consent.
- The materials may be used for consultation with specialists, discussion with other dental and medical professionals (for example, for use in study club discussions), communication with dental laboratories, articles in professional journals, and website and social media postings.
- All images will be shown to me upon my request.

I hereby release Richard M. Gray, DDS, PC, its personnel, the photographer, and other persons participating in my care, from any and all liability which may or could arise from the taking or use of images.

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Signature

Date