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PHOTO CONSENT / RELEASE

Patients Name (please print): _____

Social Media is becoming increasing popular! It is a great way to show off your new smile to your friends and for our office to demonstrate why orthodontics is important!

Holliday Orthodontics on occasion takes photos and videos of patients to be used in the offices, on our Website, on our Facebook page, on our Instagram, and in our Before/After Book. (This list is not inclusive but serves to demonstrate situations in which patients may be photographed or filmed.)

_____ I give permission to Holliday Orthodontics to display my photo(s) and/or video(s) in association with Holliday Orthodontics events, functions, and publications.

- Can we tag you in the photo/video? (circle one) Yes No

_____ I request that my photo or video NOT be displayed in association with Holliday Orthodontics events, functions, publications.

Signature of PARENT or legal guardian (if under 18): _____ Date: _____

Signature of PATIENT (if over 18): _____ Date: _____

Website: <http://hollidayorthodonticspc.com/>
Facebook: Holliday Orthodontics
Instagram: HOLLIDAY_SMILES