



**WESTLAKE FAMILY
ORTHODONTICS**

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Westlake Family Orthodontics Photo Consent Form/Release

PATIENT'S NAME (please print):

Westlake Family Orthodontics on occasion takes photos and videos of patients to be used in the office, on the WFO website, Facebook, news print and related publications. This list is not inclusive but serves to demonstrate situations in which patients may be photographed.

____ I give permission to WFO to display my photo(s) or video(s) in association with WFO events, functions, or publications.

____ I request that my photo or video **NOT** be displayed in association with WFO events, functions, or publications.

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

_____ Date: _____

Signature of PATIENT (if over 18):

_____ Date: _____