Gilead Medical & Dental Centre
House of Balm, C896/3, Kanda Highway, Accra, Ghana +233 (30) 222 7196

Orthodontics & DentoFacial Orthopedics Unit

CONSENT FOR PHOTOGRAPHS (PICTURES)

I **DO CONSENT** TO THE TAKING OF **PHOTOGRAPHS** BEFORE TREATMENT AND TO THE USE OF THE SAME BY THE DOCTOR FOR **STUDY**, **TREATMENT PLANNING, SCIENTIFIC PAPERS AND TEACHING DEMONSTRATIONS**.

Patient or Guardian's **Full Name**, signature & date:

.....

I **DO CONSENT** TO THE TAKING OF **PHOTOGRAPHS** BEFORE TREATMENT AND THE USE OF SAME BY THE DOCTOR FOR **STUDY AND TREATMENT PLANNING**, HOWEVER….
I DO NOT CONSENT TO THE USE OF SAME BY THE DOCTOR FOR SCIENTIFIC PAPERS AND TEACHING DEMONSTRATIONS.

Patient or Guardian's **Full Name**, signature & date:

.....

ORTHODONTIST / CLINICIAN (Full Name, signature & date)

.....

Personal Remarks / Comments / Suggestions or Questions