## ALACHUA FAMILY DENTISTRY, P.A.

14690 NW 151st BLVD, SUITE 20 ALACHUA, FL 32615 office@afdteam.com PHONE (386)462-1771 FAX (386)462-1222

## PHOTOGRAPHY CONSENT FORM

For a comprehensive oral evaluation, we want to be as thorough as possible. Sometimes this involves taking photos of the teeth to show the upper and lower arches, the way the teeth bite together, and the position of the lips compared to the teeth. The photos are saved to your electronic chart and are helpful to use as a reference point when we are examining your oral health. We do not share the photos with anyone unless dentally necessary, such as with a lab that makes crowns and dentures, or with a specialist.

Print Name

Signature

Date