

Photo Release Form

Dr. Steinmetz Pediatric Dentistry has my permission to use my or my child's photograph on their website and social media outlets. I understand that the images may be used on Dr. Steinmetz's Instagram, Facebook and website. I also understand that my child's name will **NOT** be used.

Parent/Guardian's signature: _____

Child's Name: _____

Phone Number: _____ Date: _____