

**Social Media Patient Photograph and Video Release Form Patient's name**

I \_\_\_\_\_ hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery. The photographs will be taken by the Oakland Dental Implant , Dr Saeid Malboubi Office staff.

I hereby give my consent for Oakland Dental Implant , Dr Saeid Malboubi to use the photographs and videos under the following circumstances.

ALL MEDIA Initial: \_\_\_\_\_

Photographs, electronic images and video footage taken of me or parts of my body as well as details regarding medical service I have received at Oakland Dental Implant , Dr Saeid Malboubi may be used in any print or broadcast or electronic media, including but not necessarily limited to newspapers, pamphlets, educational films, our internet site and television, visual and electronic media including but not limited to Facebook, Instagram, RealSelf, YouTube, and Twitter, to inform the public about Dental Treatment methods. Further, I release and discharge Oakland Dental Implant , Dr Saeid Malboubi the facility used, and the American Society of Periodontics, American Dental Association and all parties acting under their license and authority from any and all claims or actions that I have or may have relating to such use and publication and all rights, if any, that I may have in such photographs, electronic images and video footage and details regarding medical services rendered me, including claim for payment in connection with any such user or publication.

I give my consent as a voluntary contribution in the interest of public education and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Patient or Guardian

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

Oakland Dental Implant , Dr Saeid Malboubi