



**SENIOR**  
*smile*

**Namita K. Thapar-Dua, DDS**  
Providing Mobile Dental Care  
Serving Maryland, DC & Virginia  
**301.875.7477**

## PHOTO CONSENT FORM

Patient Name: \_\_\_\_\_

On behalf of myself OR the patient, I hereby grant full permission for the office of **SENIOR SMILE with Namita K. Thapar-Dua, D.D.S.** to use my/their **PHOTOGRAPH** for the use of **identification purpose(s) ONLY for my/their DENTAL RECORDS**. At no time will my/their photo be used for advertisement purposes without further knowledge or consent for it. At times, photographs may be taken and sent to you or your family/POA/Guardian for treatment plan purposes.

- Yes, I agree that my/their photograph can be used to attach to my/their dental record, via digital (computer) or in paper form.

***I acknowledge that my/their photo(s) may be taken for dental record and treatment plan purposes.***

Print Name of Patient/POA/Guardian: \_\_\_\_\_

Signature of Patient/POA/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

There will be some occasions where Dr. Thapar-Dua would like to use a photo of the patient with and/or without her or her staff for her website. If you do not mind having your/their photo on our website, please check below followed by printing name and signature below.

- Yes, I allow my/their picture to be posted on the website.

***I acknowledge that my/their photo may also be taken to be used on the Senior Smile website.***

Print Name of Patient/POA/Guardian: \_\_\_\_\_

Signature of Patient/POA/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_