



SPARKS
FAMILY ORTHODONTICS
Laugh Grow Smile

CONSENT FOR RECORDS

I HEREBY AUTHORIZE DIAGNOSTIC RECORDS TO BE TAKEN ON _____, AS NEEDED, WHILE A PATIENT AT SPARKS FAMILY ORTHODONTICS. I ALSO GIVE MY PERMISSION FOR THE USE OF THESE ORTHODONTIC RECORDS, INCLUDING PHOTOGRAPHS, MADE IN THE PROCESS OF EXAMINATIONS, TREATMENT, AND RETENTION FOR PURPOSES OF PROFESSIONAL CONSULTATIONS, RESEARCH, EDUCATION, OR PUBLICATION IN PROFESSIONAL JOURNALS.

Responsible Party

Date