

**Dental School
University of Maryland**

Consent Form for Videotaping and Photography

1. I _____ give my permission for providers of the Dental School, University of Maryland, **to use my likeness** (photograph and/or videotape) for teaching or in any publication, either printed or electronic, including the Internet (website), published by the Dental School, or any educational/dental professional publication where appropriate.

Or

2. I _____ give my permission for providers of the Dental School, University of Maryland, to use closeup photographs and/or videotapes for teaching or in any publication, either printed or electronic, including the Internet (website), published by the Dental School, or any educational/dental professional publication where appropriate. I understand that the images will be made in such a way that I will **not** be recognized.

Patient Signature

Date

Provider Signature

Date