



Placer Prosthodontics and
Maxillofacial Prosthetics, Inc.

Craig S. Wada, D.D.S.

Photograph Release Form

I First_____Last_____ give Placer Prosthodontics my permission to use all my oral photos for teaching, website and social media purposes.

Patient Signature:_____Date:_____

Staff Signature:_____Date:_____

I First_____Last_____ give Placer Prosthodontics, Inc. the right to use all my facial photographs for teaching, website and social media purpose:

Patient Signature:_____Date_____

Staff Signature:_____Date:_____