

RONALD J. SNYDER ♦ DDS
Diplomate, American Board of Orthodontics

Dear Patient and Parent(s),

We are happy to see the outcome of your beautiful smile. You have worked hard and now the time has come to share your big accomplishment with others. We would be proud to display your finished smile both in our office and on our website. Due to HIPAA, a federally regulated privacy law, we are required to have your permission to do this. If you are willing to participate, please sign below, check where you want your photo displayed (office smile board, on website, or both) and return to our office as soon as possible. Thank you for your cooperation.

Sincerely,

Ronald J. Snyder, D.D.S.

Where would you like to see your smile?

Smile Board

Website

By signing this form I understand that my finished smile photo will be displayed according to what I have indicated above.

Patient name _____

Date _____

Signature _____

(If patient is under 18, must be signed by parent or guardian)

