

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

DATE:

PATIENT NAME:

I hereby give Dr. Ronald Snyder and his staff permission to use my orthodontic records, including photos, x-rays, models, scans, etc., for any educational or promotional purposes. I understand that educational uses may include presentations to other dental professionals or for use with other patients as part of their treatment planning. Promotional purposes may include use on Dr. Snyder's website, display in his office and in Powerpoint presentations to other patients.

Patient Signature (Parent/Guardian Signature if Patient under 18)

