## **Authorization for Photography, Video and/or Motion Pictures**

I hereby consent that photographs and/or video pictures be taken of me by Christian L. VerMeulen, D.D.S. or any authorized agent of the aforementioned for any of the following reasons:

- 1. For inclusion in my dental records.
- 2. For any purpose of illustration, publication in dental journals or for any other dental purpose deemed appropriate by my dentist.
- 3. Law enforcement request.
- 4. Publicity or ad campaigns.

Signature: