



**PERMISSION TO USE X-RAYS,
PHOTOGRAPHS AND VIDEOS**

Patient Name: _____

I authorize Sung Ju, DMD, Jeannie Ju, DDS and/or their corporation to take x-rays, photographs and/or videos of me, including without limitation my face, teeth, smile and dental conditions. These materials may reveal my name and identity.

These x-rays, photographs and/or videos will become the property of Sung Ju, DDM and Jeannie Ju, DDS and/or his corporation. They may be published in dental journals, shown for educational purposes, showcased in the dental office, disseminated on the internet or social media, displayed in advertising, used on a web site and/or used for other commercial purposes. I authorize Sung Ju, DDS, Jeannie Ju, DMD and/or his corporation to reveal my name, identity and the fact that that I am his/her patient.

I waive any right to claim a confidential, proprietary or other interest in these materials or any financial or other benefits gained from their use.

Patient's Signature

Date

Witness