LARRY SCHOONOVER, DDS, MAGD
Master, Academy of General Dentistry

2 locations: 1 French Street, Clendenin, WV
201 Main Street, Elkins, WV

Mailing address: P. O. Box 672, Clendenin, WV 25045

304 548 7227 1 888 has-smiles 1 888 427-7645
www.has-smiles.com

PHOTOGRAPHIC CONSENT

I, the undersigned, do hereby give my permission for Dr. Larry Schoonover and/or his employees to take photographs, x-rays, and impressions of me and/or my child.

I further permit Dr. Schoonover to use any previous, present, or future photographs, x-rays, or models of my or my child's likeness for education, demonstration, display, or publication through any media, including print and/or electronic.

I have had the opportunity to discuss this consent with Dr. Schoonover, and he has satisfactorily informed me and answered all my questions.

Patient Name (please print):
_____

Responsible Parent (please print):_____

Signature:_____

Date: _____

Rev: 032405

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