**COYNE ORAL SURGERY**

PERMISSION TO USE PHOTOGRAPH

Subject: MEDIA/ADVERTISEMENT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Coyne Oral Surgery

I grant to Coyne Oral Surgery, its representatives and employees the

right to take photographs of me and my property in connection with

the above-identified subject. I authorize Coyne Oral Surgery, its

assignees and transferees to copyright, use and publish the same in

print and/or electronically.

I agree that Coyne Oral Surgery may use such photographs of me

with or without my name and for any lawful purpose, including for

example such purposes as publicity, illustration, advertising and

Web content.

I have read and understand the above:

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient if not self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_