

**Progressive Orthodontic Associates**  
**Media Release Form**

Please be advised that throughout your time in our office, you may be photographed, videotaped or interviewed. With your consent, any photo, video, or interview may be reproduced and released for use in the media such as newspapers, brochures, the internet and/or any social media platforms.

Please indicate your preference below.

My photo/video/interview may be reproduced and released for use in the media.

My photo/video/interview may **NOT** be reproduced and released for use in the media.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**If Patient is a Minor:**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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