

# ANGELA B. BATESON, DDS

## GENERAL DENTISTRY

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### PHOTOGRAPHY MODEL RELEASE FORM

I, \_\_\_\_\_ (please print),  
hereby authorize Dr. Angela B. Bateson to take photographs, slides, and/or  
videos of my face, jaws, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record  
of my care, and may be used for educational purposes in lectures,  
demonstrations, advertising (including website publication, newspapers,  
magazines, phone books, television), and professional publications (dental  
magazines and journals). These images may include full-face portraits and close-  
up views of teeth.

I further understand that if the photographs, slides, and/or videos are used in  
any publication or as a part of a demonstration, my name or other identifying  
information will be kept confidential. I do not expect compensation, financial or  
otherwise, for the use of these photographs.

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Signature

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Date

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