

Cosmetic and Implant Dental Center
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Name _____

Date _____

I, _____ understand that either all or portions of my photographic documentation may be used for educational and/or marketing purposes. This includes, but not limited to the educational seminars, publications in medical and consumer journals, marketing and informational brochures, websites, and advertisements. In all cases possible, my name and identity will be protected and my personal and/or professional information (i.e. Demographic information) will be held in strict confidence and not shared with any third parties.

I understand how important it is to view photographs when making the decision to choose a provider and have an Elective Cosmetic Procedure.

I therefore, give Dr. Silvers my consent for the use of this material and I waive all rights that I may have any claims for payment or royalties in connection with any exhibition, or publishing of these materials.

Patient _____
Signature

Patient _____
Print Name

Witness _____
Signature

Procedures _____
