

# Hickman Orthodontics

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ORTHODONTIC TREATMENT FOR CHILDREN, TEENS, AND ADULTS

## PHOTOGRAPHY RELEASE FORM

This document certifies the patient or that a parent or responsible guardian of the patient gives (or does not give) written permission for photographs of the patient to be used on all Hickman Orthodontics social media platforms, including Facebook and Instagram.

\_\_\_\_\_ I give my consent (initial)

\_\_\_\_\_ I do not give my consent (initial)

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

Patient's Printed Name: \_\_\_\_\_

Patient Signature (if 18 yrs or older): \_\_\_\_\_

Parent Signature (if patient is under 18): \_\_\_\_\_