



Email and Text Consent

Impressions Dental CG will occasionally contact you through text or email to confirm your dental appointments and/or your healthcare updates.

I hereby grant permission to Impressions Dental CG to send emails/texts to confirm my dental appointments and/or healthcare updates. I will receive a "Text Preferences Email" to specify what types of texts I am willing to receive. Please be sure to respond to it to ensure that you receive all your healthcare text messages from our office.

Name: _____ Date : _____

Signature : _____

Photo Release Form

On occasion, we select patients whose treatment results have been so impressive that we like to feature them on our website and other marketing. Signing below authorizes us to use your before and after photos for this purpose.

I hereby grant permission to Impressions Dental CG to use my photograph on its internet website or in other official printed publications without further consideration, and I acknowledge Impressions Dental CG's right to crop or treat the photograph at its discretion. I also acknowledge that Impressions Dental CG may choose not to use my photo at this time, but may do so at its own discretion at a later date. Face picture taken for the chart will not be used in any publication.

Name: _____ Date: _____

Signature: _____