



Informed consent for Photographs/X-Rays/Examination

I understand that photographs, x-rays and other records may be made during the exam, case examination, treatment and follow up care. I give permission for such treatment and items to be used for purposes of research, education, publication, advertising, and in professional web sites.

Patient's Signature _____

Witness _____

Date _____

Joseph B. Novak, DMD
James Park, DMD
Ramy Mousa, DDS, MS