

Consent to Use Photograph

This section is to be completed by the Dentist:

Dentist's Name _____

Practice Name: _____

Address: _____

City, State, Zip: _____

This section is to be completed by the person giving consent:

I hereby agree that the Dentist listed above and Internet Dental Alliance, Inc. ("IDA") may use my photograph on the internet site(s) promoting the Dentist's dental practice. I understand that I will not receive any compensation for said use. This consent shall remain in effect until withdrawn by me, by sending written notice to both the Dentist and IDA by certified mail, at the addresses shown on this form.

Please print your full name here: _____

Address: _____

City, State, Zip: _____

Signature

Date

Internet Dental Alliance mailing address:

Internet Dental Alliance, Inc.
Attn: Michelle Simmons
409 Central Ave.
Bedford, IA 50833

Consent forms may be faxed to IDA at: (712) 523-3345

Revocations must be sent by certified mail to the address shown above.