

Dr. Kenneth Cho Dentistry

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Lahabra-dentist.com

I _____ authorize Dr.Kenneth Cho to take photographs, and/ or Videos of my face and teeth before, during and after treatment.

I further Understand that if the Photographs and/ or Videos are used, my name or Identifying information will be kept Confidential.

Check here if you consent Dr.Kenneth Cho Dentistry to use your photos on our office website and for printed material. The photographs and videos are only to promote the success of Dr.Cho's finished product in our photo gallery. These photographs and videos will not be published anywhere else, unless written consent it provided and signed by me the patient

Patient Signature: _____

Print name: _____

Date: _____