



Social Media Consent Form

I give my consent for Sanders Pediatric Dentistry to use pictures of my child on their social media tools which includes but is not limited to the Sanders Pediatric Dentistry Facebook page. I understand that these images will not be used for any other commercial use.

Please check on the boxes and sign below to give your consent.

I give consent.

I do not give consent.

Parent's Name: _____

Patient's Name: _____

Today's Date: _____

