



Rodney B. Wentworth, D.D.S.

Consent to Use Patient Records

I **Consent** to the taking of photographs, images and X-rays before, during, and after treatment and to the use of same by the doctor in presentations, demonstrations, patient education, and publications including, but not limited to print and online media any websites associated with this office.

Signed _____

Date _____

(PARENT OR LEGAL GUARDIAN IF PATIENT IS A MINOR)

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