

PHOTO/MEDIA AUTHORIZATION

As a routine part of our practice, we take photographs and other images of patients and their teeth to diagnose, provide treatment and also for educational and promotional purposes. The Patient signing below (“you”) hereby authorize Richardson General and Cosmetic Dentistry and its assigns (together, the “Practice”) to: (a) take photographs, audio and/or video of you (individually and together, the “Images”); (b) publish the fact that the Practice provided dental services to you and any information or testimonials you provide regarding the Practice, treatment plan, diagnoses, city and state of residence, location of treating facility (collectively referred to herein as the “Information”); (c) reproduce, edit, use, and publish the Images and/or Information (together, “Work Product”) with or without the Patient’s name or attribution, in all forms and media, including but not limited to Internet sites and social media; and (d) obtain copyright registration for any publication that incorporates the Work Product. As consideration, you receive a license to use the Work Product and agree that no additional consideration or compensation will be provided for the Practice’s use of the Work Product and hereby waives all claims to compensation and damages based on the Practice’s use of such Work Product. The term of this Release is for 10 years from the date of the Patient’s signature below (the “Term”) and then perpetually renewing for 10 year terms unless it is earlier terminated. The Patient may terminate the Term, except to the extent that the Work Product has already been used or published by sending a written termination notice to the Practice. The Patient understands that any termination of the Term will not affect any action the Practice took in reliance on this authorization before receipt of the notice.

Patient Name

Patient/Guardian Signature

Date

Patient Consent for Text Messaging

Richardson General and Cosmetic Dentistry

Effective: 2025

We offer the convenience of communicating with you by text (SMS) messaging for purposes related to your care and account. This form explains how we use texting and asks for your consent to do so.

What You May Receive via Text:

- Appointment confirmations, reminders, or rescheduling
- Treatment plan or follow-up instructions
- Notifications about balances or insurance updates
- Occasional office updates, service notices, or patient satisfaction surveys

Important Information:

- **Message Frequency:** Varies based on your care; generally no more than 5 messages/month
- **Carrier Charges:** Message and data rates may apply, depending on your mobile plan
- **Privacy Risks:** Texts are not encrypted. There is a small risk that messages could be intercepted or read by others (e.g., if your phone is unlocked)
- **Opt-Out:** You may opt out anytime by texting "STOP" to our number or calling the office
- **No Guarantee of Immediate Response:** Text messages may not be monitored 24/7. Do not use texting for urgent or emergency matters

Consent and Authorization

By signing below:

- I authorize Richardson General and Cosmetic Dentistry to send me text messages related to my dental care, appointments, billing, or office updates.
- I understand that I can withdraw this consent at any time by texting "STOP" or notifying the office.
- I understand the risks of communicating via unencrypted text and agree to receive these messages anyway.

Patient Name: _____

Mobile Number: _____

Signature: _____

Date: _____