

**Ridgeview Dental  
Candi Filbrandt, D.D.S.  
18130 Wright Street  
Omaha, NE 68130  
(402) 884-8880**

**DENTAL PHOTO CONSENT FORM**

This form authorizes and allows Ridgeview Dental, PC to take dental photos of you. The authorization will be used for educational purposes only. Examples of its use might be for a school demonstration or our dental web site. This authorization is for an unlimited time frame. Let us know if you would like a copy for yourself!! Thanks for your help.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Patient, Parent/guardian if minor