



## TFC Consent form for the use of photographs/videos

Name of patient

Name of parent or guardian (if applicable)

Pt Ref:

I have received an explanation of the reasons why Charlotte TFC wishes to take photographs/videos of my face, mouth and teeth. The photographs might be used for:

- Anonymized academic assessment only, promotional, and educational purposes.
- To monitor the progress of your oral health condition
- Teaching of other dental and medical health professionals and students
- For the education of other patients with conditions like your own
- Marketing material including websites, printed material and social media.

I agree to the photographs being taken by Charlotte TFC and consent to their use for the purposes described above, and in accordance with current data protection legislation. When used for any purpose not directly related to my care, the photographs will be made anonymous by obliterating the eye area of the photographs so that I cannot be personally identified when they are used in lectures or publications.

If, for whatever reason, the photograph cannot be modified to protect my identity, Charlotte TFC will contact me to explain the reasons and seek my consent for use of the photographs. I understand that the photographs will not be used in these circumstances unless my consent is obtained.

Signed and dated by patient or guardian	
Print name	
Date	