Jamila
MILLER D.D.S., M.S.D.
Prosthodontics & General Dentistry
9333 Calumet Ave., Suite D • Munster, IN 46321 • (219)836-4214 • drjamilamiller.com

PHOTO and VIDEO TESTIMONIAL RELEASE FORM

I, _____, hereby grant permissions to Dr. Jamila D. Miller, D.D.S., L.L.C., to use my photographs and/or video testimonials I give regarding the dental care I received from any such office, in any marketing or teaching materials. My photographs and/or video testimonials can be used to market and/or advertise her dental practices, including use on Dr. Jamila D. Miller's web site and social media platforms. I acknowledge Dr. Jamila D. Miller's right to crop or otherwise treat the photographs and/or video testimonials at her discretion. I also acknowledge that Dr. Jamila D. Miller may choose not to use my photographs and/or video testimonial at this time, but may do so at her own discretion at a later date. I also understand that once my images are posted by Dr. Jamila D. Miller to her web site and/or social media platforms, the images can be downloaded by any computer user, which is beyond the control of Dr. Jamila D. Miller, and I will hold her and any of her affiliated offices harmless from any such use or downloads.

I hereby freely and voluntarily consent to the use of my photographs as stated above until I revoke this consent in writing. I authorize photos of the following to be used as stated above. Please check the box Y (YES) or N (NO).

Y N ☐☐ My entire face

Y N ☐☐ My entire face with eyes blacked out

Y N ☐☐ My mouth/teeth only

Y N ☐☐ My full name

Y N ☐☐ My first name only

Y N ☐☐ My initials only

Y N ☐☐ No name

Y N ☐☐ Before and after photos

Y N ☐☐ Procedure photos

Y N ☐☐ Case/treatment plan

_____
Printed Name

_____
Address

_____
Signature for photo consent

_____
Date

_____
Signature for video testimonial

_____
Date