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Authorization for Photography, Video and/or Motion Pictures

I hereby consent that photographs and/or video pictures be taken of me by Christian L. VerMeulen, D.D.S. or any authorized agent of the aforementioned for any of the following reasons:

- For inclusion in my dental records.
- For any purpose of illustration, publication in dental journals or for any other dental purpose deemed appropriate by my dentist.
- Law enforcement request.
- Publicity or ad campaigns.

Signature: _____