

White Plains Orthodontics, PC  
Supplemental Consent/Acknowledgement Form

By signing below and circling “yes”, you consent to allow White Plains Orthodontics, PC to do the following.

- Display your first name and photograph in our office.      Yes    No
- Display your first name and photograph on our website.    Yes    No
- Use your orthodontic records for educational purposes.    Yes    No

Patient’s Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_