



Photography Consent From

I, (print name) _____, hereby grant permission to Dr. Elham Safari and staff, to take and use: photographs and/or digital images of me for in dental research, dental education including lectures, seminars, demonstrations, professional publications such as journals or books. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Dr. Elham Safari.

(Name)

(Date)

(Signature of adult subject)



Consent for Testing

In order to comply with the Occupational Safety & Health Administration (OSHA) Bloodborne Pathogen Regulation and Virginia State Law, we are requesting your consent to submit to testing of your blood for bloodborne pathogens (Hepatitis B, Hepatitis C & HIV) if and exposure occurs (needlestick injury, blood splatter) to one of the staff. Testing will be done at no cost to you. All information regarding an exposure is confidential.

Date: _____ Signature: _____