

## PATIENT RELEASE FORM

**To:**

**Nobel Biocare Services AG**

Balsberg

Balz Zimmermann-Strasse 7

CH –8302 Kloten

Switzerland

**Dentist (Name & address)**

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**I, (patient name) \_\_\_\_\_ hereby agree and authorize Nobel Biocare Services AG (“Nobel Biocare”) and its licensees or assignees (e.g. speakers and lecturers of Nobel Biocare, group companies, related charitable organisations)**

1. to hold records concerning my diagnosis, care, and treatment process, including surgical procedures. Records are kept in three broad formats:
  - a. Written format. A written description and explanation of the treatment(s) conducted, including materials used;
  - b. Photography. “Before” and “after” photography of the close-up retracted view of the teeth and full or part face portraits showing teeth at pre-and post-treatment stages.
  - c. Video film. Video footage as both interview and/or documentary format
2. to process my name and other personal data in such way that a suitable database of such pictures, films and/or other depictures can be obtained;
3. to use the records (written, photography and video where appropriate) at their sole discretion found appropriate in the following areas:
  - 3.1 used as a case study for internal and external professional usage (dental community), provided that I shall not be identified in any such publication or use.  
Usage includes
    - 3.1.1 for research purposes,
    - 3.1.2 relevant scientific and dental literature publications
    - 3.1.3 promotional and marketing purposes including publication on social media,
    - 3.1.4 professional dentist website (s),
    - 3.1.5 dental conference and meeting presentations,
    - 3.1.6 for education (print or digital) of dental professionals,
    - 3.1.7 for education (print or digital) of potential patients in the dentist office;
4. to retouch and in any other way alter – in accordance with fair trade practice for the usage of depictures – such pictures, films and/or other depictures;

5. to make unlimited number of copies of such pictures, films and/or other depictures and that the copies may relate to the whole or part of such pictures, films and/or other depictures;
6. I understand that Nobel Biocare will retain the ownership rights to these photographs, videotapes, digital, or other images, and that Nobel Biocare will be processing my personal data in accordance with Nobel Biocare's privacy policy, which can be accessed here <https://www.nobelbiocare.com/international/en/footer/privacy-policy.html> or obtained upon request. I will be allowed access, request modification or erasure, or obtain copies of my personal data to the extent permitted by applicable law. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Nobel Biocare's policy.
7. I understand that for the provision of the activities described above under section 3, Nobel Biocare may be transferring my personal data outside of my country of residence, where data protection laws may differ.
8. If you have any question or query with regards to Nobel Biocare's processing of your personal data, please contact us at [legal@nobelbiocare.com](mailto:legal@nobelbiocare.com)
9. To the extend allowed by applicable law, I undertake not to prosecute or to institute proceedings, claims or demands against either Nobel Biocare or its licensees or assignees in respect of any usage of the above-mentioned pictures, films and/or other depictures.

*I have read this release form carefully and fully understand its meaning.*

*Patient Signature:* \_\_\_\_\_ *Place & date:* \_\_\_\_\_

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*Preferred Alias:* \_\_\_\_\_

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*Dentist Signature:* \_\_\_\_\_ *Place & date:* \_\_\_\_\_