Consent Form for Photos

I grant permission to Cosmetic Solutions to take photographs and/or digital images of me for my chart. I further agree that my name and identity will not be revealed in descriptive text or commentary in connection with the image(s). All negatives, prints, digital reproductions shall be the property of Cosmetic Solutions.

□ I grant permission

□ I do not grant permission

_____ _____

Signature of Adult Patient Date

Printed Name: _____ Date of Birth: _____

*Cosmetic Solutions will contact you for further use of your photos if exceptional outcome is achieved for further education. We will only use with your consent.

Consent for Additional Use of Photos/Video

I grant permission to Cosmetic Solutions
to use any photos or video of me taken before, during, or after a procedure and/or aesthetic service. They may be used for print, visual or electronic media (including but not limited to, educational presentations, websites and for purposes of informing the medical profession or general public about the procedure/aesthetic service. These uses may also include marketing on behalf of Cosmetic Solutions, Laser and Skin Care Center.

□ I grant permission

□ I do not grant permission

_____ _____

Signature of Patient Date