

Reflections Aesthetic and Laser Solutions
1265 36th Street, Suite C, Vero Beach, FL 32960
772-567-7196 www.Reflectionsals.com

Permission for use of Photographs

I hereby give _____, M.D. permission to use my photographs in the following manner:

(Please initial after appropriate statement)

- _____ Use only photos in which my identity is concealed
- _____ Unrestricted use of photographs (may include website)
- _____ Use in doctor's office to show "before and after" pictures
- _____ Use in physician's new patient seminars to teach other patients about procedures
- _____ Use for medical education/lectures to other physicians
- _____ Use in professional writing which may include textbooks, journals, newsletters
- _____ My chart use only

The specific restrictions on the use of my photographs include:

I understand that his consent may be revoked in writing but not by implication.

_____ date

Signature of Patient

_____ witness _____ date