



Advertisement Authorization Form

To assist in the documentation and promotion of our Center, we request permission to photograph you and/or your child. This photograph may be used in our website and/or any advertising paraphernalia for promotional purposes.

By signing below, I give consent to Advance Biomedical Treatment Center, LLC, Dr. Eileen C Comia and her staff, to use photos of my child and/or myself in their website and/or office for advertisement and promotional purposes. You have the right to revoke this authorization at any time upon written request.

Eileen C. Comia, M.D.
Integrative Med Specialist
Board Certified Int. Medicine

Advance Biomedical
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Patient's Name

Parent/Guardian (if a minor)

Date Signed

Noted:

Eileen C. Comia, M.D.
Medical Director