

# AESTHETICS & WEIGHTLOSS

3 Mobile Infirmary Circle Suite 312

Mobile, Alabama 36607

251-433-7546

## PHOTOGRAPH CONSENT FORM

Patient Name: \_\_\_\_\_

I hereby give permission to Aesthetics & Weightloss to use my photograph for public display if, in his judgement, medical research, public interest, education, or science will be benefitted by their use.

I agree that these photographs will remain in their property.

I authorize my photographs to be used for the following:

Please check Y/N and initial each line.

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Office Photo Album

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Practice Brochures

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Public Lectures

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Video Tape

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Media (commercials, infomercials, news, etc.)

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Media Lectures (doctors, nurses, paramedics)

Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_