

# Media Release and Consent



I do hereby agree to the following. I am allowing staff at 785 Aesthetic Med Spa to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress.

In addition:

I release my photos to be used for educational, marketing/advertising purposes.

\_\_\_\_\_ Yes, I consent to my photos being shared.

\_\_\_\_\_ Yes, but I want my identity to remain anonymous.

\_\_\_\_\_ No, I do not want my photos shared.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_