



## Before & After Photo Release

I consent to being photographed before, after, and potentially during any procedure at Eterna Vein & Medical Aesthetics. I understand that these photographs will become part of my confidential medical record. I understand that the images are the property of Eterna Vein & Medical Aesthetics; however, I may request copies for a nominal fee.

**Please initial all that apply:**

\_\_\_\_\_ I give my consent for the provider to use my pictures at medical meetings and/or in publications of medical article(s).

\_\_\_\_\_ I give my consent for the provider to use pictures of procedure results to show other individuals interested in the same procedure so long as my name is kept confidential.

\_\_\_\_\_ I give my consent for the provider to place my picture on Eterna Vein & Medical Aesthetics website, as long as my name is kept confidential.

\_\_\_\_\_ I give my consent for my photos to be used for print and marketing purposes.

\_\_\_\_\_ I give my consent to have my pictures taken to be kept for my records.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_