



Photo Consent Form

PATIENT NAME _____

The purpose of before and after photos is to document the progress of the treatment. Such documentation will help you see changes that could be overlooked. They can also be helpful tools for teaching and demonstrating to prospective patients the potential results of Cosmetic Acupuncture.

Please read and initial each statement to which you consent and please write N/A next to each statement for which you do not consent.

____ I consent to have my pictures taken for comparison purpose but do not concern to have them used for teaching, advertising, or publication of any kind.

____ I consent to have my pictures taken for comparison and agree for them to be used for teaching purposes and publications only.

____ I consent to have my pictures taken for comparison and agree for them to be used in your advertising materials. I understand that my name and information will not be disclosed without my written permission.

____ I consent to have my pictures taken for comparison and agree for them to be used in your website. I understand that my name and information will not be disclosed.

PATIENT SIGNATURE _____

DATE _____

