

COSMETIC LASER AND AESTHETICS CENTER

CONSENT FOR PHOTOGRAPHY & VIDEOS

I hereby authorize Dr. Seiler, or any assistant designated to take photographs or videos of the work performed both before and after treatment. I agree that these photographs or video will remain Dr. Seiler's, property. I further authorize Dr. Seiler, to use these photographs or videos for: (initial all that apply)

- teaching purposes scientific papers photo books
general lectures advertising web sites
newsletters presentations

It is specifically understood that in any such use, I shall not be identified by name unless given permission. Initial ____

I hereby authorize Dr. Seiler, or any person designated to take photographs or videos of the work performed both before and after treatment to be maintained only in my file. I agree that these photographs will remain Dr.'s, property. Initial____

Print Patient Name

Patient Signature

Physician Signature

Date