

Consent Form

Take & Publish Photographs



Name: _____

Place: _____ Date: _____

In connection with my skin care services I am receiving from _____,
I consent that photographs may be taken of me, or parts of my body, under the following conditions.

- 1 The photographs shall be used for medical records. If, in the judgment of my skin care professional, physician, education or science will be benefited by their use or the use by _____, such photographs relating to my case, may be published and/or republished, either separately or in connection with each other, in professional journals, medical books, skin care magazines, slides, or used for any purpose which he/she may deem proper in the interest of medical education, knowledge, or research, provided, however; it is specifically understood that in any such publication or use I shall not be identified by name.
- 2 The aforementioned photographs may be modified or retouched in any way my skin care therapist, or physician at his/her discretion, may consider desirable.

Signature: _____	Witness: _____
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