



## **Permission for use of Photography**

I hereby give The Skin Studios, L.L.C. and Allison Clement, M.D. permission to use my photographs in the following manner:

(Please *initial* to indicate all appropriate statements)

\_\_\_\_\_ Use only photos in which my identity is concealed

\_\_\_\_\_ Unrestricted use of photographs

\_\_\_\_\_ Use for promotional purposes

\_\_\_\_\_ Use in social media campaigns

\_\_\_\_\_ Use in doctor's office to show "before and after" pictures

\_\_\_\_\_ Use in physicians's new patient seminars to teach other patients about procedures

\_\_\_\_\_ Use for medical education/lectures to other physicians

\_\_\_\_\_ Use in professional writing which may include textbooks, journals, newsletters

The specific restrictions on the use of my photographs include:

---

---

\_\_\_\_\_ My chart use only

I understand that this consent may be revoked in writing, but not by implication.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date