



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