

Photo/Video Consent

I understand that photographs will be taken periodically throughout my treatments to monitor progress and other factors. I hereby give my consent to Rebecca Fitzgerald, MD, Inc to use these photos and/or video in the following capacities (please check boxes):

Yes	No	DESCRIPTION
✓		EDUCATIONAL (medical journals/textbooks; lectures; published articles; etc; to advance the field of aesthetic medicine)
	✓	IN-OFFICE MARKETING (promotional material in the office; office DVD reel; office books; office signage; office brochures; newsletters; etc; to educate our patients about treatments)
✓		OUTSIDE MARKETING (television segments; printed articles; any outside office marketing; etc; excluding on-line marketing; to educate the public about treatments)
✓		NEW BEAUTY MAGAZINE (plus any of its' online affiliate websites)

Special Terms (please initial if you request any of the below):

- _____ Please crop eyes out
- JS First name may not be used
- JS Age may not be used
- _____ Other: _____

I hereby release Rebecca Fitzgerald, MD, Inc and her agents from any and all claims and demands arising out of, or in conjunction with, the use of the photographs/video. Rebecca Fitzgerald, MD need not approach me again for authorization of the use of these photographs or videos. I am of legal age. I have read the forgoing fully and understand its contents.

Julia M. Dalton
Print Full Name

Ariana LaFrance
Witness Full Name

Julia M. Dalton
Patient Signature

[Signature]
Witness Signature

1-12-16
Date Signed

1-12-16
Date Signed