

rebecca fitzgerald MD

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
X		EDUCATIONAL (medical journals/textbooks; lectures; published articles; etc; to advance the field of aesthetic medicine)
X		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)
X		OUT OF OFFICE MARKETING (television segments; printed articles; any outside office marketing; etc; excluding on-line marketing; to educate the public about treatments)
X		ON-LINE (website; social media pages; review websites; office e-newsletters; etc; to educate the public about treatments)

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.

Victoria Resnick
 Print Full Name
 Victoria Resnick

Patient Signature

11/14/10
 Date Signed

Emily Mullins
 Witness Full Name

Witness Signature

Em Mullins
 Date Signed
 11/14/10