

AUTHORIZATION FOR AND RELEASE OF MEDICAL PHOTOGRAPHS/SLIDES/VIDEOS

1. Consent to **take** photographs/slides/videos:

I hereby authorize Brittany Eaton PA-C, owner of Wisdom and Youth, LLC and/or her associates or licensees to take pre-procedural, procedural and post-procedural photographs, slides, and or videos. I consent to the use of these images for the purposes of pre-procedural planning and post procedural evaluation by Brittany Eaton PA-C and/or the staff at Wisdom and Youth, LLC, and I understand that they shall be made a part of my medical record.

Patient Signature: _____ Date: _____

2. Consent **for release** of photographs/slides/videos

I hereby authorize Brittany Eaton PA-C, owner of Wisdom and Youth, LLC, and her associates or licensees to use the pre-procedural, procedural, and post procedural photographs, slides, and or videos for professional medical or promotional purposes as deemed appropriate by them including but not limited to display of these images and public or commercial television, electronic digital networks, scientific medical publications, lay publications, social media, or during lectures to medical or lay groups for the purposes of informing the medical community or the general public about cosmetic procedures available at Wisdom and Youth, LLC.. Neither I nor any member of my family will be identified by name at any time, however my face will appear in the images. I understand that in some instances the images may portray features which could make my identity recognizable. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and **I hereby grant this consent as a voluntary contribution in the interest of medical education and business promotion for Wisdom and Youth, LLC.** Images as listed above may be used on social media platforms such as Instagram, Facebook or Wisdom and Youth's website for promotional purposes. This permission may be rescinded by me at anytime to prohibit future use by direct written communication with Brittany Eaton PA-C or Wisdom and Youth, LLC.

Patient Signature: _____ Date: _____