

Patient Consent and Release Form

I, _____, (patient's full name), for no monetary consideration hereby grant _____, (clinic name) and Fotona LLC, consent for photography, filming, videotaping, audio recording and/or being quoted in media or printed materials (including social media sites) and hereby authorize the release of such.

I agree that Fotona reserves the right to crop and edit the photographs, recordings and/or quotes to use them for any purpose consistent with Fotona's missions. These uses include, but are not limited to medical research, or science including medical seminars or journal articles, during in-office patient consultations, exhibitions, videos, reprints, reproductions, publications, advertisements, broadcasts, electronic media activities (including the internet) and any promotional or educational materials in any medium now known or later developed, in perpetuity.

By signing and dating this document I authorize Fotona to edit and/or share the media mentioned above in order to show the benefits and results of the medical and/or aesthetic procedure. I understand that Fotona will not use my name in any promotional materials.

Your name/identifying information will not be revealed.

_____ Please initial, if you want your eyes blocked out, to further hide identity, if any pictures show your face.

I understand that, by granting this authorization, I am improving patient healthcare and patient education, which constitutes adequate consideration for this authorization.

I acknowledge that I have read and understood the terms of this release.

Print Name: _____

Signature: _____ Date: _____

The following is required for a minor (under the age of 18). Consent must be given by a parent/legal guardian:

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Release.

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent
or Legal Guardian: _____ Print Name: _____
Date: _____