



Photography Consent

Explanation:

This consent form authorizes this medical practice and individual members of their staff to use these photographs for Dr. Beth Comeau and Associates' "Before and After" Treatment Record. Your refusal to consent to photographs will in no way influence your treatment.

Consent:

I waive the rights that I may have to any claims for payment for the use of these photographs.

I release and hold harmless the practice, staff and consultants from any liability in connection with these photographs.

Signature of Patient

Printed Name