



Photo Release Form

Patient Name: _____ Date of Birth: _____ Patient Number: _____

I grant Blue Ridge Dermatology Associates, PA, its representatives and employees, the right to take photographs of me in connection with my cosmetic treatments. I authorized Blue Ridge Dermatology Associates, PA, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I understand that:

- Photographs are taken to capture treatment outcomes for cosmetic procedures.
- The photographs may be used in print, visual or electronic media including but not limited to, scientific presentation, websites and for purposes of informing the medical profession or general public about the procedure. These uses may also include marketing on behalf of Blue Ridge Dermatology Associates, PA.
- The images taken of me may be published by Blue Ridge Dermatology Associates, PA and its agents.
- I will not be identified by name in any of the published materials, nor will my birthdate, address or any other private medical information be disclosed.
- I have the right to revoke this authorization in writing at any time through a written revocation to Blue Ridge Dermatology Associates, PA.

I hereby release Blue Ridge Dermatology Associates, PA and its agents from any and all claims and demands arising out of, or in conjunction with, the use of the photographs.

If I have any questions I can contact Blue Ridge Dermatology Associates, PA at 919-781-1050.

SIGN ONLY ONE LINE BELOW If under 18, guardian or parent must sign.

I certify that I have read this release carefully and fully understand its terms and I agree to have my photographs and digital images used as indicated above (**Marketing purposes and my medical records**).

Signature: _____ Date: _____

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness and for **my medical records only**.

Signature _____ Date: _____

I do not consent to any photographs or digital images being taken. I understand that without this documentation it will not be possible to see any recorded before and after results.

Signature _____ Date: _____

Witness: _____ Date: _____