



Precision Skin Care, LLC.
1709 W. 7th Street
Chanute, KS 66720
620-431-0023

Patient Release for Photographs

I, _____, a patient of Precision Skin Care, LLC., consent to be photographed and/visually recorded before, during, and after my procedure.

- I understand that these visual records, still images and adaptations may be used for professional and patient education, workshops, and seminars, and in medical and marketing materials such as brochures, the website, social media and office displays. I understand that I may be recognizable in the photographs and/or visual recordings. _____

Initials

- I do not wish to have photographs used for the purposes above. I request and give consent for these pictures to be placed in my personal medical record only. _____

Initials

This form and the effect of my consent have been fully explained to me and my questions have been answered to my satisfaction.

Date: _____ Patient Signature: _____

Date: _____ Guarantor Signature: _____