

BLUEMOON ACUPUNCTURE

PHOTOGRAPHIC CONSENT/ Cosmetic acupuncture/Facial rejuvenation

PATIENT NAME:

THE PRUPOSE OF BEFORE AND AFTER PHOTOS IS TO DOCUMENT THE PROGRESS OF THE TREATMENT. SUCH DOCUMENTATION WILL HELP YOU SEE CHANGES THAT COULD BE OVERLOOKED. THEY CAN BE HELPFUL TOOLS FOR TEACHING AND DEMONSTATING TO PROSPECTIVE PATIENTS THE POTENTIAL RESULTS OF THE MEI ZEN COSMENTIC ACUPUNCTURE SYSTEM. PLEASE READ AND INTIIAL EACH STATEMENT TO WHICH YOU CONSENT AND PLEASE MARK N/A NEXT TO THE STATEMENTS TO WHICH YOU DO NOT CONSENT.

----- I CONSENT TO HAVE MY PICTURES TAKEN FOR COMPARISON PRURPOSE BUT DO NOT CONSENT TO HAVE THEM USED FOR TEACHING, ADVERTISING, OR PUBLICATION OR ANY KIND.

_____ I CONSENT TO HAVE MY PICTURES USED IN YOUR ADVERTISING MATERIALS. I UNDERSTAND THAT MY NAME WILL NOT BE DISCLODE WITHOUT WRITTEN PERMISSION.

_____ I CONSENT TO HAVE MY PICTURES USED ON YOUR WEBSITE AND THE WEBSITE OF COSMETIC ACUPUNCTURE SEMINARS. I UNDERSTAND THT MY NAME WILL NOT BE DISCLOSED WITHOUT WRITTEN PERMISSSION.

PATIENT SIGNITURE

DATE