

Artesian Spring Oriental Medicine, LLC

Photographic Consent

Patient Name: _____
(Please Print)

The purpose of before and after photos is documenting the progress of the treatment. Such documentation will help the patient see changes that could be overlooked. They can also be helpful tools for teaching and demonstrating to prospective patients potential results of the Cosmetic Rejuvenation Acupuncture System. Please read and initial each statement to which you consent, and please mark N/A next to the statements that you do not.

_____ I consent to have my pictures taken for comparison purposes, but **DO NOT** consent to have them used for showing prospective patients, teaching, advertising, or publication of any kind (i.e. websites, brochures).

_____ I consent to have my pictures used in Artesian Spring Oriental Medicine advertising materials and for showing to prospective patients. I understand that my name will not be disclosed without written permission.

_____ I consent to having my pictures on ArtesianSpringOM.com and that Artesian Spring Oriental Medicine may use my pictures on their website. I understand that my name will not be disclosed without written permission.

Patient Signature

Date

Practitioner Signature

Date