

PATIENT CONSENT FORM For photographs and/or video

I give permission to 1Clinic to take photographs and/or video before treatment and at all other sessions. I acknowledge that these photographs are for the purpose of evaluating the effectiveness of my treatment.

I agree I refuse

1Clinic would appreciate the opportunity to possibly show your before and after results with **other clients** for educational purposes on our website, social media and publication.

I agree I refuse

Signature: _____

Date: _____

Witness Signature: _____

