

# Adam and Eve Medical Aesthetics

## CONSENT FOR USE OF PHOTOGRAPHS IN PATIENT CHART

### Explanation:

This consent form authorizes your practitioner and/or individual members of Adam and Eve Medical Aesthetics to use your photographs, taken before a procedure is performed and following your procedure in order to document any changes and/or progress that may occur.

### Consent:

I understand the photographs taken of me shall be used for my personal medical records and under no circumstances will any picture be released for medical research unless voluntarily disclosed by me.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Adam and Eve Medical Aesthetics  
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