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 (Please initial in the boxes marked Yes or No for each item)

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Medium** |
|  |  | in the office photo album for prospective patients. |
|  |  | in office seminars for prospective patients. |
|  |  | on our website for prospective patients. |
|  |  | in print advertisements. |
|  |  | on television. |
|  |  | on social media |
| Additional Comments: |

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_