



Consent For Use of Photography, Video and Other Images

I, _____ grant Goldfingers Aesthetics & Plastic Surgery the right and permission to use images of me for the following purposes:

Use in my patient chart only & DO not use for marketing purposes

Approved to use on social media

Approved to show to clients & potential clients for Before & After results

Approved to use images for marketing without full identity shown

By signing this form, I give Goldfingers Aesthetics & Plastic Surgery the right and permission to use images or photographs of me for the purposes selected above and release this facility from harm or detrimental consequences that may be experienced as a result of usage of these images in these ways. I release my images from confidentiality requirements as agreed above.

I make these statements voluntarily and agree that all information contained herein is accurate. I understand that my image may be used in marketing and other activities without limit unless my selections above restrict usage.

Patient signature: _____ Date: _____