



COREACUPUNCTURE
health + wellness

Photographic Consent

Patient Name (please print): _____

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

_____ I consent to have my pictures taken for comparison purpose but do not consent to have them used for teaching, advertising, or publication of any kind.

_____ I consent to have my pictures used in your advertising materials. I understand that my name will not be disclosed without my written permission.

_____ I consent to have my pictures used on your website and the website of Cosmetic Acupuncture Seminars. I understand that my name will not be disclosed without my written permission.

Patients Signature

Date