



Client Photograph Consent

Explanation

This consent form authorizes Tashana Steward to take before and after treatment photographs for the purpose of documenting progress and results of specific treatments. Your photos will be used as a part of your medical record.

Consent

I understand the photographs taken of me shall be used for the purpose of medical records. I hereby authorize and give permission for pre and post treatment photos to be taken.

Signature of Patient

Printed Name

Signature of Witness

Date