



PHOTO/VIDEO MEDIA CONSENT

I hereby consent to the photography/videoing/recording myself and/or my child and the use of these photos/recordings for this insurance billing, educational, and/or media purposes.

If the person is under 18: I certify that I, _____,
am the parent/legal guardian of the individual named below. I have also read the release and approve its terms.

PATIENT NAME:

DATE

PATIENT, PARENT OR LEGAL GUARDIAN SIGNATURE: