PENINSULA DERMATOLOGY & LASER CLINIC
Silverdale Gig Harbor Tacoma

Photography Consent & Release Form

I voluntarily consent to the taking of my pictures and likeness by Peninsula Dermatology & Laser Clinic.

This photographic consent pertains to all photographs taken during pre and post procedure with the physician or affiliate of this practice.

My photos may be used for:

- General educational purposes including but not limited to medical journal publications/textbooks, lectures/workshops, etc.
- General advertising and promotional purposes, including but not limited to publication, website, brochures, cosmetic seminars, etc.
- Pre and post treatment albums used for patient education.

I consent only for my photos to be used in my chart.

Patient or Guardian Signature: _____ **Date:** _____

Printed Name: _____