



PHOTOGRAPHIC CONSENT

Patient Name: _____ MR #: _____

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, as performed by Dr. Cheema. Please read and initial each statement to which you consent and please mark N/A next to the statements to which you do not consent.

_____ I consent to have my pictures taken for comparison 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 written permission.

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

Patient Name Signature

Date

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