



**Primary Care & Aesthetics  
302-278-0093**

Photo Consent & Release Form I, \_\_\_\_\_,  
do hereby agree to the following. I am allowing Wellness By The Sea or delegated  
photographer to take photos of my treatment and/or treated areas to be used to the  
purpose of monitoring my progress.

In addition: I give permission for my photos to be used for education. \_\_\_\_ (initial)

I give permission for my photos to be used for advertising. \_\_\_\_\_ (initial)

I give permission for my photos to be used on the Wellness By The Sea website. \_\_\_\_\_(initial)

At my request, my identity will remain anonymous. \_\_\_\_\_ (initial)

At my request, my photos will only be used for my chart. \_\_\_\_\_ (initial)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_