

# Photo consent and release form

I, the undersigned do hereby agree to the following. I am allowing The Touch 4 Health & Wellness, LLC to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress.

In addition:

I give permission for my photos to be used for education.      No    Yes \_\_\_\_\_ (please initial)

I give permission for my photos to be used for advertising.      No    Yes \_\_\_\_\_ (please initial)

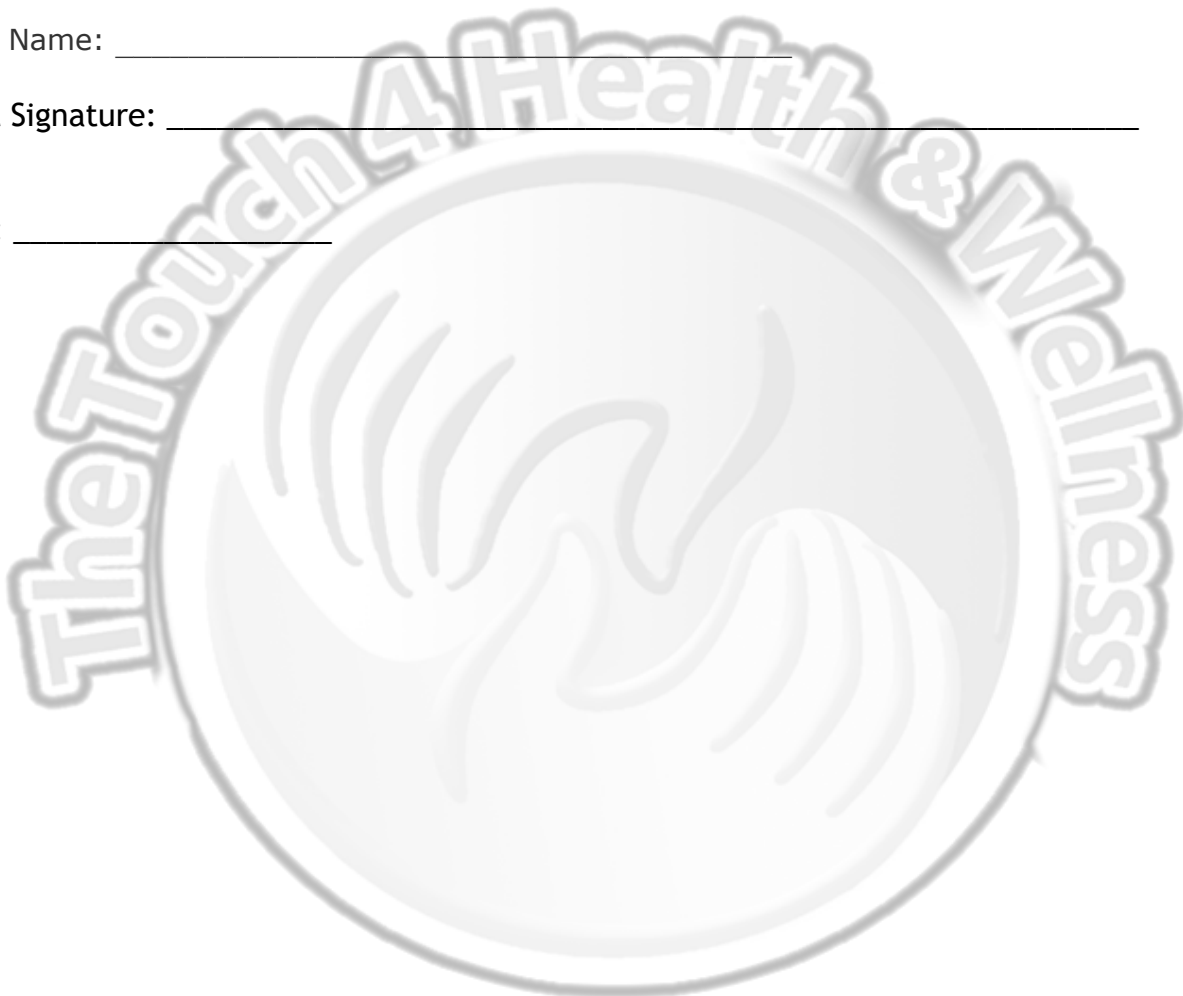
At my request, my identity will remain anonymous.      No    Yes \_\_\_\_\_ (please initial)

At my request, my photos will only be used for my chart.      No    Yes \_\_\_\_\_ (please initial)

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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



Drug-Free Pain Management

MM35477/CE10005963

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