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## PHOTOGRAPHY RELEASE FORM

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(1) To use and publish the same in whole or in part, individually or in conjunction with other photographs, in any medium for any purpose, including art, illustration, promotion, advertising or trade.

(2) It is understood that the use of the photographs is for illustrating a medical procedure and demonstration of treatment outcomes.

It is also understood that the use of the photographs will in no way reveal patient identity. I hereby certify and represent that I am over 21 years of age. Print

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

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

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