

## RevitalEyes Med Spa Consent & Release Form

I, \_\_\_\_\_, do hereby agree to the following:

I consent for NTOC MedSpa to **take photos** of my treatment and/or treatment areas.

By signing below, I understand the use of the photos taken will be used for the sole purpose of observing progression and documenting results. No photos or digital images revealing my identity will be shared with the public or on social media without prior permission. Photos will be taken to conceal identity and only highlight the areas of treatment. Do you consent to us sharing your photos as described above? **YES**      **NO**

**Patient Name:** \_\_\_\_\_

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

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

**Testimonials** from our valued patients always benefit others that are considering similar treatments. Would you be willing to provide us a testimonial that describes your own experience? **YES**      **NO**

If so please sign below.

**Patient Name:** \_\_\_\_\_

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

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

**Testimonials** will be used on our website and social media platforms. Please indicate how your name and location should be identified. Your comfort and privacy is of utmost importance.

Please indicate how you would like your name to appear below:

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

Location: \_\_\_\_\_