Kenneth Sanders
Facial Plastic Surgery

Purpose: to take before and photos for cosmetic services

CHART ONLY

These photos will only be seen by you and Dr. Sanders/staff. This is NOT a consent for social media posting or advertising.

I understand that **photographs** will be taken of me. The use of cosmetic images is to take before and after pictures for cosmetic services.

I consent to allow cosmetic photographs for all purposes described above.

SIGNATURE_____ WITNESS_____ DATE/TIME_____

PRINT NAME_____ WITNESS_____ DATE/TIME_____

If the patient is under 18 years of age, I verify that I am the parent or guardian of patient, _____, and that I will sign for the patient.

SIGNATURE/PARENT/GUARDIAN (if minor) _____

Print name of parent/guardian (if minor)

_____

signature above is to authorize Dr. Sanders to take before and after pictures for services