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I consent to such photographs, recordings and/or videos and any associated quotes by me being edited and published by my Doctor in any print or electronic form, including but not limited to posts on websites and social media, for the purpose of informing the medical profession or the general public about aesthetic procedure methods and results, surgical and non-surgical, and whether or not such settings are regarded as educational, scientific or commercial. **All reasonable effort will be made to preserve confidentiality.** 

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Patient/Guardian Signature

Witness Signature

Patient/Guardian Name

Date