Aesthetica
MEDISPA

PHOTO RELEASE

I, _____ authorize the office of Sangeeta Logani, M.D. to take photographs of my face. These photos will be kept in a chart bearing my name and will be kept and used with the utmost respect. With the sole intent of encouragement to others that may be considering the same or similar procedure, your photos may be considered of such a good quality that we may choose them for the office photo album and to educate future patients. At no time will any personal information or name be given. These photographs may be used for patient referrals and/or educational purposes.

_____

Patient (or person authorized to sign for patient) ***Date***