

CONSENT FOR PHOTOGRAPHY

I hereby authorize Renew Weight Loss LLC to take photographs of the work performed both before and after treatment. I agree that these photographs will remain Renew's property. I further authorize Renew to use these photographs for teaching purposes, illustrate scientific papers, or use in general lectures. It is specifically understood that in any such publication or use I shall not be identified by name.

Initial _____

I hereby authorize Renew Weight Loss LLC to take photographs of the work performed both before and after treatment. I agree that these photographs will remain Renew's property, and I further authorize the use of said photographs may be used for the purpose of advertising, web sites and newsletters.

Initial _____

I hereby authorize Renew Weight Loss LLC to take photographs of the work performed both before and after treatment to be maintained only in my file. I agree that these photographs will remain Renew's property.

Initial _____

Print Patient Name

Patient Signature

Date _____