HARRINGTON
+ ASSOCIATES

PATIENT STICKER

CONSENT FOR USE OF PRE-PROCEDURE AND POST-PROCEDURE PHOTOGRAPHS

I Do Not authorize Harrington + Associates and its employees to use pre-procedure and post-procedure photographs of me, or parts of my body, for use in patient education, medical education and/or marketing purposes.

I understand that every attempt to protect my anonymity will be made, and that my name will not be used to identify any photograph(s). I further acknowledge that anonymity cannot be guaranteed when the photograph(s) illustrate a portion of, or full photograph of my face.

Signature of Patient or Patient Representative: _____

Date: _____

Witness: _____ Date: _____