



Aesthetic/Dermatology Photo Release Form

I authorize Carmelo Plateroti, D.O., and/or his representative(s) permission to take, edit, alter and, copy photographs and/or film of me or parts of my body for the following procedure(s) and for medical purposes to be used for my care, medical presentations and/or articles. In addition, I authorize the use of these images, without compensation to me, for the following specific purposes: (Please mark in the boxes Yes or No for each item)

In the office photo album for prospective patients: Yes No

In office seminars for prospective patients: Yes No

On our website for prospective patients: Yes No

On our social media: Yes No

In print advertisements: Yes No

Additional Comments:

I understand that:

1. Such photographs and/or film may be published by Dr. Carmelo Plateroti, D.O., in any print, visual, or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, and Internet websites, for the purpose of informing the medical profession or the public about dermatology and aesthetic methods. I understand that such uses may also include marketing on behalf of Plateroti Dermatology & Aesthetics, for which Dr. Plateroti may receive direct or indirect remuneration.

2. I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 99 years from the date signed.

3. I will not be identified by name in any of the media described above; however, I also understand that in some circumstances the photographs and/or film may display features that identify me.

Signature: _____ Date: _____

Printed name: _____ DOB: _____