

Patient's Name _____

Date of Birth ____/____/____

Juvederm Lip® photo contest 2018 - Photograph Consent and Release

I hereby acknowledge that I have been advised that photographs and/ or videos will be taken of me or parts of my body before, during, and after the Juvederm Lip® treatment. The photographs will be taken by one of the members of the Larrabee Center for Facial Plastic Surgery, PLLC medical staff. I hereby give my consent for Larrabee Center for Facial Plastic Surgery, PLLC to use the photographs under the following circumstances.

Photographs taken of me or parts of my body as well as details regarding my Juvederm Lip® treatment that I have received at Larrabee Center for Facial Plastic Surgery, PLLC can be used by the company for the purpose of informing the public about this treatment. Further, I release and discharge Larrabee Center for Facial Plastic Surgery, PLLC, any employees of Larrabee Center for Facial Plastic Surgery, PLLC and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education. This is applicable for the below:

_____ Internet & Social Media. This includes but is not limited to the company's website, Instagram, Facebook, Twitter, etc.

_____ Other Media: This includes but is not limited to any print or broadcast media, such as to newspapers, pamphlets, educational films, social media and television, in order to inform the public about plastic surgery methods.



By signing this form, I acknowledge my consent as initialed above, and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form. Revoking consent will void the agreements on the Juvederm Lip® photo contest 2018 and payment for services rendered will be required.

Signature _____

Date _____

Four photos should be sent for evaluation:

one frontal view lips in closed, neutral/resting position, one frontal view, lips puckered, one frontal view, lips open and smiling, one side view, lips in closed, neutral/resting position

See photos below as example:

