PERMISSION FOR USE OF PHOTOS, TESTIMONIALS, VIDEOS, WEB SITES AND SOCIAL MEDIA

I hereby give Revive MD, Medical Group permission to use my photos and testimonials in the following manner;

Please check the boxes that you are agreeing to let Revive MD use for marketing purposes.

- ☐ **Use photos only in which my identity is concealed**
- ☐ **Unrestricted use of photographs (this may include websites)**
- ☐ **Use in the physician's office to show other patients before and after photos**
- ☐ **Use in the physician's new patient seminars to teach other patients**
- ☐ **Use for medical education/lectures to other physicians**
- ☐ **Use in professional writing (textbooks, journals and newsletters)**
- ☐ **Use for testimonials and/or videos for website, marketing or social media**
- ☐ **Use for providers social media accounts and other web site promotional sites**
- ☐ **For chart use only**

I understand that this consent maybe revoked at any time, but must be in writing to Revive MD, Medical Group

_____ Date_____

Please Print Name

_____

Signature

Revive MD Medical Group 4251 South Higuera, Suite 600 San Luis Obispo, CA 93401