

*SPA COSMEDICA & LASER CENTER* 

*10141 West Sample Road*

*Coral Springs, FL 33065*

*Phone: (954) 346-0170*

*Fax: (954) 345-5880*

**PHOTO CONSENT**

I understand that pre and post procedure photographs are required before any services are performed.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I authorize Spa Cosmedica & Laser Center to use my photographs for publication, education, and advertisements. I understand that steps will be taken to conceal my identity; however, I understand there is a possibility that I may be recognized.

ACCEPT

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

DECLINE

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date