McLEAN DERMATOLOGY
&
skincare center

Patient Photography Release Form

I, _____, authorize McLean Dermatology and Skincare Center, Dr. Lily Talakoub and staff representatives, to take photographs of my body for medical purposes to be used for my patient care, marketing, literature and/or case presentations.

I understand that:

- Photographs are taken to capture treatment outcomes.
- They may be used for print, visual, or electronic media including but not limited to, scientific presentations, websites, for purposes of informing the medical profession or general public about the procedure. These uses may also include marketing on behalf of McLean Dermatology.
- The images taken of me may be published by McLean Dermatology and its agents.
- I will not be identified by name in any of the published materials.
- My identity will not be revealed in the photographs.

I have the right to revoke this authorization in writing at any time through a written revocation to McLean Dermatology.

I hereby release McLean Dermatology and Skincare Center, Dr. Lily Talakoub and its agents from any and all claims and demands arising out of, or in conjunctions with, the use of the photographs.

I certify that I have read this release carefully and fully understand its terms. If I have any questions I can contact McLean Dermatology and Skincare Center at (703) 356-5111.

*If under 18, guardian or parent must sign.

Patient Name	
Signature	
Date	

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