



Elhosn Eye & Aesthetics

Ramsey Elhosn, MD

PHOTO RELEASE FORM

I, _____ authorize Elhosn Eye & Aesthetics to use my before and after photographs for the purposes of patient education both on the company's website (elhosneye.com) and in the office.

I hereby hold harmless Elhosn Eye & Aesthetics from any reasonable expectation of privacy regarding the before and after photos.

I further acknowledge that my participation is voluntary and that I will not receive any compensation for such participation.

I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Elhosn Eye & Aesthetics, its employees, and third parties involved in the publication or creation of marketing materials from liability for any claims by me or any third party in connection with my participation.

AUTHORIZATION:

Patients Name: _____ Date: _____

Patients Signature: _____