DERMATOLOGY
OF EASTERN IDAHO
MEDICAL SPA

703 Rigby Lake Dr. Rigby, Idaho | Phone: (208) 745-0200

PHOTO RELEASE

I, ____ authorize Dermatology of Eastern Idaho to take photographs of my face. These photos will be kept in a chart bearing my name and will be kept and used with the utmost respect. These photos may be chosen for the office photo album to help educate future patients. We do this with the sole intent of education for others that may be considering the same or similar procedure. At no time will any personal information or names be given. These photographs may be used for patient referrals and/or educational purposes.

Patient Signature________________________________ Date ________________