

## Photo & Video Release Form

# Photo/Video Release Form

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### (Aesthetics)

Date:

### Patient Information

- Patient Name:
- Date of Birth:

### Photo/Video Release Authorization

I hereby grant permission to Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co., Primary Medical of IN, P.C., and related entities to take photographs and/or videos of me for the following purposes:

- Medical documentation and record keeping
- Educational purposes
- Marketing and promotional materials
- Website and social media use
- Before and after treatment documentation

### Consent Statement

I understand that these images may be used for the purposes indicated above and I release all rights to these images. I understand that my identity may or may not be disclosed in connection with these images.

I consent to the use of my photos/videos as described above

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### Signature

**Patient Signature:** (Sign below)

Date:



**Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co.,  
Primary Medical of IN, P.C.**

X \_\_\_\_\_



# Signature Certificate

Document name: Photo & Video Release Form

🔒 Unique Document ID: 40E8797068DFEFFF278E710B544FFC3E909D8192

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

February 1, 2026 11:11 pm  
EDT

## Audit

Photo & Video Release Form Uploaded by ENNU Patient  
Docs - admin@ennulife.com IP 24.238.5.27



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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