

Photo/Video Release Form

(Aesthetics or Brick-and-Mortar)

Date:

Patient Information

- **Patient Name:** {{patient_first_name}} {{patient_last_name}}
- **Date of Birth:** {{patient_birthdate}}

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 and Release

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.

Photo/Video Consent

Signatures

Patient Signature: _____ **Date:**

Witness Signature: **Date:**

Photo & Video Release Form - Kris Phillips

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

Form Complete



Signature Certificate

Photo & Video Release Form - Kris Phillips

Unique Document ID:

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LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.



Kris Phillips

Party ID: cd1b50ba-7d76-4897-95b7-809746e9ab1b

Security Level: E-mail

Awaiting signature

Timestamp

Audit

February 4, 2026 10:50 pm
EDT

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kdphil64@aol.com

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

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