Sesi Signature Inc.

MULTIMEDIA CONSENT

First Name:	_____	Last Name:	_____
Preferred name:	_____	Email:	_____
Mobile phone:	_____		

MULTIMEDIA CONSENT

Multimedia will be taken at each appointment and kept confidential to your chart for before and after medical record keeping. You may also give consent for your multimedia to be used for other purposes. Do you allow Sesi Signature Inc. to use your multimedia for education or marketing?

☐ 1) Yes - Sesi Signature Inc. can use my multimedia for education and marketing.
☐ 2) No - Please keep my multimedia confidential.

Signed: _____

Dated: _____