

## Patient Photo Release Form

**A.** I understand that the photograph(s) or video or audio recording(s) taken of me by my physician, his/her staff, and/or representatives of Sciton, Inc. ("Sciton") shall be used in connection with Sciton's dissemination of product information for any legal, educational, and/or commercial purpose, including without limitation, for promotion and advertising of Sciton products, evaluation of medical procedures, and sharing of that information with, but not limited to, primarily physicians, surgeons, and others associated with the aesthetic medical industry. I also understand that it may be archived on the Sciton website indefinitely and available to third-party internet browsers who may navigate to the Sciton site. I understand that such links can be downloaded from the Sciton site and re-posted to other third-party sites for viewing, etc.

I hereby irrevocably authorize Sciton to copy, post online, exhibit, publish, or otherwise distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing and/or marketing Sciton's products or for any other lawful purpose. I acknowledge that the photograph(s), video and/or audio, or link thereto, may be further redistributed by others once disseminated by Sciton. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears either prior to dissemination, or thereafter.

I hereby hold harmless and release and forever discharge Sciton from all liability, damages, claims, demands and/or causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate, have or may have by reason of signing this release form. I further hold harmless and release and forever discharge Sciton in connection with any liability, damages, claims, demands, and/or causes of action whatsoever which may arise by virtue of the posting online or other dissemination of the photograph(s), video and/or audio—whether or not that posting or dissemination is performed by Sciton, its agents, and/or third-parties.

I hereby consent to the laws of the State of California concerning the interpretation of this Release Form and any claim arising from my signing this form. I further consent to jurisdiction of California state courts of Santa Clara County, California (or, if there is exclusive federal jurisdiction, the United States District Court for the Northern District of California) to the extent that any claim(s) arise as a result of my signing this Release Form, or as a result of any photograph(s), video and/or audio in which I participate and which is the subject of this Release Form.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Procedure Information									
<b>Type of Sciton Procedure :</b>									
<b>Treatment Parameters</b>									
	<i>Fluence J/cm<sup>2</sup></i>	<i>Pulse Width ms</i>	<i>Rep Rate Hz</i>	<i>Cooling Temp °C</i>	<i>Ablation Depth μm</i>	<i>Overlap %</i>	<i>Density %</i>	<i>Other</i>	<i>Other</i>
<i>Treatment 1</i>									
<i>Treatment 2</i>									
<i>Treatment 3</i>									
<b>How long after treatment is "After" photo/video (days, weeks, months)?:</b>									
<b>Other procedures used:</b>									

## Physician Information

**B.** As physician to the patient noted above, I have a release signed by this patient permitting me unrestricted use of the photos or recordings taken by me or my staff. I hereby assign to Sciton, Inc. the rights to use these media as outlined above.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Clinical Photo Purchase Guidelines

Sciton encourages all customers to submit clinical (before & after) photos of patients who benefited from treatment with a Sciton product. If a review of the photos determines that they will be purchased, Sciton will pay \$500 per patient treatment result (at least one set of before & after photos).

The following is intended to provide a summary of the guidelines that Sciton uses when evaluating before and after photos for purchase. Sciton will be more likely to use photos if they display the elements described below.

### **General Photo Criteria**

In addition to showing a noticeable clinical result:

1. Before and after photo should be consistent with each other in all elements that make a good photo:
  - a. Lighting (background and subject)
  - b. Distance of subject from camera
  - c. Focus
  - d. Backdrop
  - e. Body area of subject (e.g., same area of the face should show in both photos)
  - f. Positioning (e.g., the subject's head is tilted to bring a facial area into better view, the head should be tilted by the same angle in both photos)
2. Subject appearance in the following respects should be consistent between the before and after photo:
  - a. Jewelry – Jewelry can be distracting, so it is preferred that it is subtle or not worn.
  - b. Hair – For facial treatments, it is preferred to have the hair pulled back.
  - c. Makeup – It is required that no makeup is worn in the before or after photos.
3. Photos should be crisp and in high resolution JPEG or TIFF format. Minimum file size guidelines:

<u>Camera Megapixels</u>	<u>Pixel Dimensions</u>	<u>Raw Size</u>	<u>Print Dimensions (300 dpi)</u>
2.1	1800 x 1200	6.0 MB	6" x 4"

### **Required Photo Release Form and Procedure Information**

In addition to sufficient photo quality as described above, the following must be provided before the photos can be purchased:

1. Signed "Patient Photo Release Form" from the subject (see above)
2. Sufficient description of treatment (# of treatments at the stage of the photo, product used (e.g., ProFractional-XC), applicable parameters/settings used at each treatment (e.g., depth of ablation % coverage)