

Patient Name: _____

***Dr. Jeremy Landry
15930 S Mur Len Rd
Olathe, KS 66062***

I consent to appointment reminders and office promotional content via email and text messages, the production of photographs, videotapes, and audiotapes, and testimonials during my examination and treatment under the following conditions:

- They may be produced only with the consent of Dr. Jeremy Landry at such times and in such manner as he may dictate.
- They shall be taken only by Dr. Jeremy or other technician approved by him.
- They will be used as part of my medical records, but if in the judgment of Dr. Jeremy they will benefit research, training or science, they and other information relating to my case may be used in any way he deems fit and proper in the interest of chiropractic education, advertising, research and knowledge.
- They may be retouched or otherwise edited in whatever manner Dr. Jeremy considers desirable.
- I waive any claim or right I may have to payment or royalties arising from any showing or other use of these materials (Regardless of whether such use is for commercial or educational purposes and) regardless of whether admission or other fee is charged.

Date

Signature

Witness Signature

Printed Name

Witness Printed Name