

# Integrity Aesthetics MD

Roger W. Shortz, M.D., F.A.C.S.

Telephone: (510) 283-2571

Facsimile: (510) 243-2135

IntegrityAestheticsMD.com

## Photograph Release

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\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date