OXYGENOASIS
A Center for Healing

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Furthermore, I grant permission to **Oxygen Oasis Hyperbaric Wellness Center, LLC** to take a photograph of myself for the purpose of patient identification. This photograph shall remain a permanent part of my patient record and will not be reproduced or published elsewhere without my consent. If I refuse to be photographed, a copy of my driver's license will need to be made for the purpose of patient identification. This copy shall remain a permanent part of my patient record and will not be reproduced or published elsewhere without my consent.

_____ _____

(patient signature) (date)

_____ _____

(witness signature) (date)

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