

[PRINT THIS FORM ON PRACTICE LETTERHEAD]

**PHOTOGRAPHIC RELEASE AND CONSENT**

I hereby consent to the release of photographs taken of me by [INSERT PRACTICE NAME]. My consent includes release of photographs of me, or parts of my body, taken with respect to my plastic surgery treatment, and release from any claims that I may have against the surgeon or practice relating to use and publication of the photographs, including claims for payment in connection with distribution or publication. I understand and accept that while I will not be identified by name unless I give additional written consent to do so, I may be recognized from my likeness or case history.

Nevertheless, I authorize, for perpetuity, [INSERT DOCTOR'S NAME] and/or [HIS OR HER] representatives (hereinafter known as "my surgeon") to use my photographs, videotapes, and case information in educational and scientific settings including lectures and multimedia presentations for an audience of medical professionals, at which members of the press may be present, and medical, surgical, and scientific journal articles.

I authorize for perpetuity the use of my photographs, videotapes, and case information in the following commercial/educational settings: my surgeon's office patient education materials; my surgeon's file of pre- and postoperative patient photographs available to prospective patients for viewing in the office; newspaper and magazine articles in which my surgeon participates; television programs in which my surgeon participates; my surgeon's personal Web site(s) or Web pages; and lectures and multimedia presentations given by my surgeon for the general public.

I also authorize for perpetuity my surgeon's professional associations to use my photographs and case information in fulfilling their missions in any of the following settings: patient education brochures available for purchase; educational videotapes available for purchase; lectures and slide presentations available for purchase; information submitted by professional associations to consumer periodicals and magazines for publication; television programs about plastic surgery; and case studies presented on Web sites designated by my surgeon.

I voluntarily grant this consent and certify that I have read the above authorization and release and fully understand its terms.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date