

Politis Plastic Surgery

Photograph Release

Patient Name:

Date of Birth:

Photograph Consent and Release

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery. The photographs will be taken by one of the members of Politis Plastic Surgery. I hereby give my consent for Politis Plastic Surgery to use the photographs under the following circumstance.

Photographs taken of me or parts of my body as well as details regarding the procedure that I received at Politis Plastic Surgery, can be used in any print or broadcast media, including, but not limited to newspapers, pamphlets, educational films, internet and television, in order to inform the public about plastic surgery methods. Further, I release and discharge Politis Plastic Surgery, and employees of Politis Plastic Surgery, and the American Society of Plastic Surgeons; and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

I understand that I have the right to limit my photographs to solely medical purposes, to be maintained in my medical record by Politis Plastic Surgery by indicating with my initials here:

By signing this form, I acknowledge my consent and further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form with the exception of already published material.

Signature

Date