

SANDRA MARGOLES MD

AUTHORIZATION FOR AND RELEASE OF MEDICAL PHOTOGRAPHS/SLIDES/ AND/OR VIDEO

INSTRUCTIONS

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides, and/or video and to use these images for a purpose as defined within this consent document.

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by your plastic surgeon.

INTRODUCTION

Medical photographs/slides and video may be taken before, during, or after a surgical procedure or treatment. Consent is required to take such images.

Additionally, patients may consent to release these medical photography/slides, and video for a stated purpose.

1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES/VIDEOTAPES

I hereby authorize SANDRA MARGOLES MD and or her associates or licensees to take pre-operative, intra-operative, and post-operative photographs, slides, and/or video. I additionally consent to photographs, slides, and/or video of my interview.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEO

I hereby authorize SANDRA MARGOLES MD and or her associates or licensees to use pre-operative, intra-operative, and post-operative photographs, slides, and/or video for professional medical purposes deemed appropriate including but not limited to showing these images on electronic digital networks, for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and /or my interview.

Date:

Patient Signature:

Patient Print Name:.....

Witness: