

**AUTHORIZATION FOR AND RELEASE OF
MEDICAL PHOTOGRAPHS/SLIDES/ AND/OR VIDEOTAPES**

INSTRUCTIONS

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides, and/or videotapes 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 videotapes 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 videotapes for a stated purpose.

1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES/VIDEOTAPES

I hereby authorize Dr. Healy and/or his associates or licensees to take pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES

I hereby authorize Dr. Healy and/or his associates or licensees to use pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes for professional medical purposes deemed appropriate including but not limited to for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups, showing these images on public or commercial television or electronic digital networks (internet).

I understand that my identity will not be revealed in connection with my images.

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

Date: _____

Patient Printed Name: _____

Patient Signature: _____

Witness: _____