

PHOTOGRAPHIC RELEASE AND CONSENT

I, _____ agree that M.D. or designated representatives or the practice may take and use preoperative and postoperative photographs of my person for confidential clinical record purposes, and that such photographs shall remain the property of M.D.

Patient Signature

Date

I fully and specifically grant my permission for the use of photographs, videotapes or case information for the following additional purposes as indicated by my initials below. As a result of this use I understand that these photographs, videotapes or case information may appear in other related, updated or reprinted formats at any concurrent or future occasion. I understand that such consent is strictly on a voluntary basis. I understand a copy of this consent may be supplied with the images to any third party wherein they may be published or presented. I understand that some photographs may, by their representation make me identifiable in appearance to others. I authorize Moises Salama M.D. to use my photographs, videotapes, and case information in the following educational and scientific settings that I have initialed:

- _____ 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 or web page: www.epsmiami.com
- _____ Lectures and multimedia presentations given by my surgeon for the general public

I also authorize my plastic surgeon's professional association, the not-for-profit **American Society for Aesthetic Plastic Surgery**, to use my photographs and case information in fulfilling its mission of public education, in the settings that I have initialed:

- _____ Patient education brochures available for purchase
- _____ Educational video tapes available for purchase
- _____ Lectures and slide presentations available for purchase
- _____ Television programs about plastic surgery
- _____ Case studies presented on the Society's web site at www.surgery.org

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship of Personal Representative to the Patient

Signature of Practice Representative and Witness