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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, promotional, and scientific settings that I have initialed. In addition, I automatically grant and I represent and warrant that I have the right to grant, to Elite Plastic Surgery and its affiliates, an irrevocable, perpetual, sub-licensable, non-exclusive, transferable, royalty-free, worldwide license to use such content for any purpose in any media, including promotions, to prepare derivative works of, or incorporate into other works, such content, and to grant and authorize sub-licenses of the foregoing.

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_____ My surgeon's office patient education materials.

_____ Any media outlet (TV, print and online) in which my surgeon participates including, but not limited to, newspapers, magazines, blogs, and influencer platforms.

_____ My surgeon's file of pre and postoperative patient photographs available to prospective patients for viewing in the office.

_____ Lectures and multimedia presentations given by my surgeon for the general public.

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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