

**Authorization For and Release of Medical Photographs/Slides/and/or Video Tapes**

This is a consent document that has been prepared to help inform you concerning permission to take photographs 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.

Medical photographs 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 for a stated purpose.

1. Consent to take photographs

I hereby authorize Elsa Raskin, M.D. or her associates or licensees to take pre-operative, intra-operative, and post-operative photographs. I additionally consent to photographs during my interview.

2. Consent for release of photographs

I hereby authorized Elsa Raskin, M.D. or licensees to use pre-operative, intra-operative, and post-operative photographs for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks for purposes of medical education, patient education, publication, or during lectures to medical or lay groups.

3. I further authorize that the photos may be used by the physician in promotional printed and computer web-site marketing. **(at no time will your identity or identifying marks be exposed as a result of the publication)**

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.

**I consent and agree to the above**

**I consent for Personal Use Only**  
(No publication of photos)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_