

PHOTOGRAPHY AND VIDEO CONSENTS

SURGICAL DOCUMENTATION

periods. It evaluating	understand that the photogothe the results of surgery. I ur urely on Dr.	and his Staff full consent to take photographs his includes Pre-Op, Intra-Op, and Post-Op time raphs are strictly for documenting the surgery and iderstand that the digital photographs will be computers and charts with full HIPPA
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educationa internet) in identifying	I and marketing purposes (an anonymous manner and marks seen or portrayed ur	I consent to use my photographs or videos for various media outlets such as print, CD/DVD, or d with complete confidentiality. There will be no aless approved by me.
purposes.		
Name	Print and Sign	 Date
Witness	Print and Sign	 Date