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**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 Itzhak Nir, M.D. and or his/her associates or licensees to take pre-operative, intra-operative, and post-operative photographs, slides, and/or video tapes.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES

I hereby authorize Itzhak Nir, M.D. and or his/her 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: **(Please Initial Below)**

_____ In office use (i.e.; showing before and after pictures to prospective patients.)

_____ For the purpose of Medical Education, to both medical and lay groups and for use in examination, testing, and/or certifying purposes by the American Board of Plastic Surgery.

_____ For use on public or commercial television, print advertising, and/or internet and digital advertising.

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 / Guardian Signature:.....

Witness: