

Name:

**Authorization for and Release of Medical
Photographs/Slides and/or Videotapes**

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 PHOTOGRAPHYS/SLIDES/VIDEOTAPES

I hereby authorize Azita Madjidi, M.D., and or his associates or licensees to take pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes. I additionally consent to the use of any of my medical records including photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc.

Patient Signature _____ **Date** _____

Witness Signature _____ **Date** _____

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES

I hereby authorize Azita Madjidi, M.D., and or his 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 showing these images on public or commercial television, electronic digital networks (Internet), for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups and marketing my practice in person or on the internet. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images.

Patient Signature _____ **Date** _____

Witness Signature _____ **Date** _____