



+ Crestview  
182 E. Redstone  
Ste. A  
Crestview, FL 32539

+ Gulf Breeze  
1300 Shoreline Dr.  
Ste. 104  
Gulf Breeze, FL 32561

+ Pensacola  
9050 University Pkwy  
Pensacola, FL 32514

MILLS

EYE +  
FACIAL SURGERY

David M. Mills MD, FACS  
Ophthalmologist +  
Facial Plastic Surgeon

**Photograph and Video Release Form:**

1. **Mills Eye + Facial Surgery** collects and uses photographs and videos of various procedures and conditions to use in public service endeavors, educational and charitable programs, and teaching program materials. By signing the release below, you are agreeing to allow photographs or videos of yourself, and your medical history connected to the material, to be used by Mills Eye + Facial Surgery. **If your picture has been taken in reference to a particular medical condition, your name will NOT be used in connection with the photographs or medical information.**
2. **I  DO or  DO NOT GIVE MY PERMISSION**, without restriction, for consideration received, for Mills Eye + Facial Surgery to take, reproduce and publish, in all media including electronic formats known or unknown, photographs or videos of me, or to have this done on their behalf. I understand that these photographs or videos may be used in whole or in part, in informational, educational or commercial publications of any kind (including without limitation, electronic publishing), by Mills Eye + Facial Surgery or their affiliated corporations. I understand that although the materials will not contain my name or any other identifying information, I may or may not be identified by the photos.
3. **If selecting “DO”** above, I agree that this also grants my permission to use in connection with the photographs or videos, for any purposed whatsoever, all or any portion of any writing, summary, description or synopsis setting forth my medical diagnosis, treatment and results, and also give my permission for my physician to release medical information about my diagnosis, treatment or results in connection with the photographs. I understand my name will not be used in connection with medical information or photographs.
4. **I UNDERSTAND AND AGREE THAT:**
  - a. I will not have any right to inspect the finished work or product or to approve its use.
  - b. The originals and all copies of the photographs, videos, and negatives and any copyright rights in them will be owned by Mills Eye + Facial Surgery, and it will have all rights to use, not use or dispose of the photographs or videos, in any manner whatsoever.
  - c. I will not retain any rights of privacy or publicity or any other rights I may have in the use of my photographs or videos. d. The agreements in this Release are binding and cannot be changed by me or someone who has been given my rights

**ADULTS:**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_

**MINORS:**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name of Minor: \_\_\_\_\_

Status:  Parent  Guardian

+ Ophthalmology  
+ OculoFacial  
Plastic Surgery  
+ Facial Cosmetic  
Surgery