

PHOTOGRAPHY CONSENT FORM

It is standard procedure for Dr. Freed and/or his staff to take pre- and post-operative photographs of his patients. Some photographs are necessary for submitting to insurance companies in order to receive authorization prior to Dr. Freed performing a surgery (i.e. breast reduction). Other photographs are taken pre- and post-operatively to simply document the patients results.

Please consent to one of the following:

- I consent to use my photograph for patient care only.**
- I consent to use my photograph for patient care, scientific presentations, or patient education.**

Further consent will be obtained from patients prior to the use of photographs for advertising or marketing purposes.

Signature of Patient or Legal Guardian

Patients Name or Legal Guardian Printed

Date