**AUTHORIZATION FOR**

**RELEASE OF MEDICAL PHOTOGRAPHS AND/OR VIDEOS**

**INSTRUCTIONS**

This is a consent document that has been prepared to help inform you concerning permission to take photographs and/or videos 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 and videos 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 and videos for a stated purpose.

**1. CONSENT TO TAKE PHOTOGRAPHS / VIDEOS**

I hereby authorize  **T.Y. Steven lp, MD** and or his/her associates or licensees to take

pre- operative, intra-operative, and post-operative photographs and/or videos. I additionally consent to photographs, and/or videos of my interview.

**2. CONSENT FOR RELEASE OF PHOTOGRAPHS / VIDEOS**

I hereby authorize  **T.** **Y.** **Steven** **lp,** **MD** and or his/her associates or licensees to use pre‐ operative, intra‐operative, and post‐operative photographs and/or videos for professional medical, internet, and social media purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks, internet website, and on any social media like Facebook, Instagram for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images / videos and /or my interview.

Date:.......................................................

Patient Signature:.............................................................................. Witness: ............................................................................................