

## 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.

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Signature of Patient or Legal Guardian

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Patients Name or Legal Guardian Printed

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Date