

PHOTOGRAPH CONSENT

I do _____ do not _____ give permission for photographs and other audiovisual and graphic materials to be used by Coastal Empire Plastic Surgery, P.C. and/or Shanklin Plastic Surgery Center for marketing, education, or promotion purposes. Although the photographs or accompanying material WILL NOT contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this policy.

Patient's Name (print)

Patient's Signature

Date

Witness Name (print)

Witness Signature

Date