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Authorization for and Release of Medical Photographs

Instructions:

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides and / or videotapes and to use these images for a purpose as defined within this consent document.

Introduction:

Medical photographs / slides and videotapes 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, slides and/or videotapes for a stated purpose.

1 Consent to take Photographs

I hereby authorize Walter D. Gracia, M.D., P.A. and or his associates or licensed to take pre-operative, intra-operative and post-operative photographs for professional medical purpose and to be placed in my chart.

_____ (Initial) Yes / No

2 Consent for release Photographs

I hereby authorize Walter D. Gracia, M.D., P.A. and or his associates or licensed to take pre-operative, intra-operative and post-operative photographs for professional medical education, patient education, lay publication or during lectures to medical or lay groups.

_____ (Initial) Yes / No

3 Consent for release of Photographs

I hereby authorize Walter D. Gracia, M.D., P.A. and or his associates or licensed to take pre-operative, intra-operative and post-operative photographs for professional medical purpose deemed appropriate on the company / practice website (www.graciaplasticsurgeon.com).

_____ (Initial) Yes / No

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

Date _____ Print Name _____

Sign _____ Office Staff Signature _____