

**Hermosa Plastic Surgery**  
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**Medical Photographs/Slides/Video Tapes**  
**May be taken before, during, or after surgical procedure or treatment.**  
**Consent is required to take such images.**

**1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES/VIDEO TAPES**

I hereby authorize Miguel Gallegos, M.D. and his associates or licensees to take pre-operative, intra-operative, and post-operative photographs or slides.

**2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES**

I hereby authorize Miguel Gallegos, M.D. and his associates or licensees to use pre-operative, intra-operative photographs, slides for professional medical purposes deemed appropriate 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 and/or my interview.

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

