

Dr. Nawada and/or Nawada Plastic Surgery will take medical photography related to the surgical and/or non-surgical care you receive. When taken for clinical reasons, this does not require your permission. Your written permission is however required to use any such photography for non-clinical reasons.

By consenting to medical photography, you understand that you will not receive payment from any party. Although these photographs will be used without identifying information (except when stored in your medical record), you understand that it may be possible for someone to recognize your photo if used outside of your medical record. I, _____, hereby authorize Nawada Plastic Surgery to create and retain photography of me prior to, during and after, I receive medical care, treatment, surgical and/or non-surgical services.

Signature: _____ Date: _____

CONSENT TO USE PHOTOGRAPHY

I hereby consent to the release the above authorized video and audio recording for the following purpose(s) below. BY SIGNING BELOW, I CONFIRM THAT THIS CONSENT HAS BEEN EXPLAINED TO ME IN TERMS THAT I AM ABLE TO UNDERSTAND AND THAT THIS CONSENT WAS GIVEN VOLUNTARILY BY ME.

The consent below applies to videos of my: Body Face

I consent to photos of me being used in **MEDICAL PUBLICATIONS, JOURNALS, TEXTBOOKS, CLINICAL STUDIES, TEACHING PURPOSES and/or ELECTRONIC PUBLICATIONS, OR OTHER PUBLIC MEDIUMS.** I understand that the images may be seen by members of the general public, in addition to scientists and medical researchers that use these publications in their professional education.

I consent to having photos of me being used only for the purposes of **DOCUMENTING IN MY MEDICAL** and that these will only be released by written request and authorization signed by me.

I consent to allowing video and audio recordings of me to be published on **INTERNET** sites including, but not limited to, the Nawada Plastic Surgery Website, social media sites such as YouTube, Facebook, and Periscope, and any other websites that might be viewed by the general public. I understand that once released onto the Internet, Nawada Plastic Surgery will no longer have control of the photos nor how they are used.

Signature

Witness

ONLY SIGN BELOW TO WITHDRAW YOUR CONSENT THAT WAS PREVIOUSLY GIVEN

As of _____ (date), I withdraw all consents provided above and instruct that my images/photographs not be used in the future. I understand however that any photographs/images released prior to this withdrawal of consent remain released in accordance with the consent provided at that time.

Signature

Witness