Melva
Mallen
Aubrey, M.D.

Alan S.
Hamm, M.D.
Eye Plastic & Facial Cosmetic Surgery

Eye Plastic and Facial Cosmetic Surgery

Patient Consent for Photography

I consent for medical imaging including but not limited to photographs, video, and/or audio recordings to be made of me/my dependent. I understand that the information may be used in my medical record, for purposes of medical teaching, for publication in medical textbooks/journals, and used as examples for other patients in our office and on our website. By consenting to medical photography I understand that I will not receive payment from any party. I understand that, if chosen for use outside of my own medical, identifying information such as name will be removed. I understand that someone may still recognize me. Refusal to consent will in no way affect the medical care I will receive. If I have any questions or wish to withdraw my consent in the future I may contact the staff at Eye Plastic and Facial Cosmetic Surgery. By signing this form below, I confirm that this consent form has been explained to me in terms which I understand.

____- I consent for these photographs to be used in medical publications, including medical journals, textbooks, electronic publications, teaching purposes, and my medical record.

____- I agree for my image to be shown for teaching purposes **AND** to be used for my medical record but **NOT FOR** medical publication.

____- I agree to the use of my image for medical records **ONLY**.

Patient Name:_____

Signature of Patient/Legal Representative: _____

DOB: _____

Today's Date: _____