

**PHOTOGRAPHIC RELEASE AND CONSENT
For Greater Milwaukee Plastic Surgeons, S.C.**

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. It is important that you read this information carefully and completely before giving your signature consent. **Any sections below that do not apply or that you do not consent to may be crossed out. All sections crossed out must be initialed by the patient.**

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

1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES/VIDEOTAPES FOR TREATMENT PURPOSES

I authorize the following physician and/or his associate to take pre-operative, intra-operative and post-operative (before, during and after procedure) photographs, slides and/or videotapes. I additionally consent to photographs, slides and/or videotapes of my interview with the physician and/or his associates. These photographs, slides and/or videotapes will become a permanent part of my medical record for treatment purposes. Checkmark the physician you are authorizing:

Paul W. Loewenstein, M.D.

Philip L. Sonderman, M.D.

Thomas E. Kinney, M.D.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPE FOR EDUCATIONAL AND/OR SCIENTIFIC SETTINGS. I understand and accept that I may be recognized from my likeness or case history.

- a. I authorize the above physician and/or his associate to use my photographs, slides, videotapes and case information in **educational and scientific settings** including lectures and multimedia presentations for an audience of medical professionals, at which members of the press may be present, and medical, surgical and scientific journal articles.
- b. I authorize the use of my photographs, slides, videotapes and case information in the following **commercial/educational settings**: my physician's office patient education materials; my physician's file of pre- and post-operative patient photographs available to prospective patients for viewing in the office; newspaper and magazine articles in which my physician participates; television programs in which my physician participates; my physician's personal web site or web page; and lectures and multi-media presentations given by my physician for the general public.
- c. I authorize my physician's professional associations, the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery, to use my photographs, slides, videotapes and case information in **fulfilling its mission of public education**, in any of the following settings: patient education brochures available for purchase; educational videotapes available for purchase; lectures and slide presentations available for purchase; information submitted by the Societies to consumer periodicals, magazines and web sites for press or Internet publication; television programs about plastic surgery; and case studies presented on the Societies websites.

Patient Signature: _____

Date: _____

Patient's Printed Name: _____