



COMMONWEALTH

FACIAL PLASTIC SURGERY

Photography Consent

I hereby authorize Matthew A. Bridges, M.D. and/or his staff to take pre-operative, intra-operative, and post-operative photographs(s) to assist in my evaluation and medical treatment. This is an additional form of documentation that corresponds with progress notes and/or operative reports.

Photographs may also be taken for additional procedures, such as but not limited to: Botox injections, injectables, skin care, peels, laser, etc. I understand these photos are protected under the H.I.P.P.A. guidelines and will not be released to anyone unless I give my written consent.

Agreement Concerning Computer Imaging

In the course of consultation, I may be shown pictures on a computer imaging device. This might include digital alteration of my photograph to discuss potential surgical changes. I understand that those pictures and alterations of those pictures are solely for the purposes of illustration and discussion. I understand that the outcome of the surgical procedure is directly related to my individual characteristics. I understand that because of the significant differences in how living tissue reacts to surgery, there may be no relationship between the electronic images and my final surgical results.

I am over eighteen (18) years of age.

Signature

Date

Printed Name

I am a minor and my parent or guardian will sign this release on my behalf.

Signature of Parent or Guardian

Date

Printed Name

Relationship to Named Individual