

**PHOTOGRAPHIC RELEASE AND CONSENT**

**Jared C. Storck, DO, FACOS**

I understand and accept that I may be recognized from my likeness or case history. Nevertheless, I authorize my plastic surgeon to use my photographs, videotapes, and/or case information in the following educational and scientific settings that I have checked:

- Lectures and multimedia presentations for an audience of medical professionals;
- Lectures and multimedia presentations for an audience of medical professionals, but at which members of the press may be present;
- Medical, surgical, and scientific journal articles.

As well as in the following commercial/educational settings:

- I am willing to share my surgical experience with prospective patients considering similar procedure(s);
- My surgeon's office patient education materials;
- My surgeon's file of pre-and postoperative patient photographs available to prospective patients for viewing in the office;
- Newspaper and magazine articles in which my surgeon participates;
- Television programs in which my surgeon participates;
- My surgeon's personal web site or web page;
- Lectures and multimedia presentations given by my surgeon for the general public.

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

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

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Patient signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name