



MODERN DERMATOLOGY

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PATIENT PHOTOGENIC CONSENT FORM

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- Medical purposes related to the case
- Scientific purposes, including seminars, medical articles or educational presentations such as the American Society for Dermatologic Surgery Annual Meeting, website or other venue
- Before & After photo album (digital or printed) for cosmetic patients to view in office
- Before & After photographs and/or digital images to be included in newsletter to be sent to patients
- Before & After photographs and/or digital images to be included in our website and/or social media channels for cosmetic surgery

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I am at least 18 years of age and am competent to contract in my own name. I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Standard Patient Photographic Consent Form and fully understand its terms.

If the patient signing is under 18 years of age or under any incapacity, there must be consent by the patient's conservator, guardian or health care representative as follows:

I hereby certify that I am the legal representative of _____ and do here by give my consent without reservation to the foregoing Patient Photogenic Consent Form on behalf of this person.

Patient or Legal Guardian

Date