



# Aesthetic Surgical Arts

Oral and Maxillofacial Surgery

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## *Authorization for and release of Medical photographs/slides/and or videotapes*

**Date:**

**Patient Name:**

### **Instructions**

This is a consent documentation that has been prepared to help inform you concerning permission to take photographs, slides, and /or videotapes to use these images for a purpose as defined within this consent document.

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by your plastic surgeon.

### **Introduction**

Medical photographs/slides and 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 videotapes for a stated purpose.

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **Consent for release of photographs/slides/videotapes**

I hereby authorize Joseph C. Camarata, M.D., D.M.D. and or his associates or licensees to use pre-operative, intra-operative, and post-operative photographs, slides and/or videotapes for professional medical purposes deemed appropriate including but not limited to showing these images for purposes of medical education, patient education, lay publication, including website or during lectures to medical or lay groups.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use to these and or my interview.

**Date: February 23, 2009**

**Patient Signature:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_