

Lumiere Cosmetic Vein Center, P.A.

Adult Model Release Form

Date of Photos ____/____/____

Patient's Name: _____

Date of Birth: ____/____/____

Photograph Consent and Release

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery. The photographs will be taken by a member of Lumiere Cosmetic Vein Center, P.A. medical staff. I hereby give my consent for Lumiere Cosmetic Vein Center, P.A. to use the photographs under one of the following circumstances.

Please initial one of the following:

_____ All Media: Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Lumiere Cosmetic Vein Center, P.A., can be used in any print or broadcast media, including, but not necessarily limited to newspapers, pamphlets, educational films, internet, and television, in order to inform the public about plastic surgery methods. Further, I release and discharge Lumiere Cosmetic Vein Center, P.A., any employees of Lumiere Cosmetic Vein Center, P.A., and the American Society of Plastic Surgeons; and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

_____ Medical Care Only: Photographs taken of me or parts of my body can be used solely for the purpose of my medical care with Lumiere Cosmetic Vein Center, P.A. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal medical history file at Lumiere Cosmetic Vein Center, P.A.

By signing this form, I acknowledge my consent as initialed above, and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

Printed name _____

Signature _____ Date _____