



JAIME R. GARZA M.D.
TEXAS PLASTIC SURGERY

PHOTOGRAPHIC RELEASE AND CONSENT FOR:

(NAME)

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 case information in educational and scientific settings including lectures and multi-media presentations for an audience of media professionals, at which members of the press may be present, and medical, surgical and scientific journal articles.

I authorize the use of my photographs, videotapes and case information in the following commercial/educational settings: 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 multi-media presentations given by my surgeon for the general public.

I also authorize my plastic surgeon's professional association, the not-for-profit American Society of Plastic Surgery, to use my photographs and case information in fulfilling its mission of public education, in any of the following settings: educational video tapes available for purchase; lectures and slide presentations available for purchase; information submitted by the Society to consumer periodicals, magazines and web sites for press or Internet publication; case studies presented on the Society's web site at .

DATE

PATIENT SIGNATURE

WITNESS SIGNATURE

DATE