

Richard A. Mouchantat, M.D., FACS
Mouchantat Plastic Surgery, P.C.
Drmouchantat.com
Phone: 303-232-8585 eFax: 720-772-5770
Email: frontoffice@drmouchantat.com

Photography Consent

Instructions

This is a consent document that has been prepared to help inform you concerning permission to take images and 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 Images may be taken before, during and after a surgical procedure or treatment. Consent is required to take such images. Additionally, patients may consent to the release of these medical images for a stated purpose.

Consent to take images

I hereby authorize Richard A. Mouchantat, M.D. and/ or his designee to take pre-operative, intra-operative, and post-operative images. I understand that I will not be entitled to monetary payment or other consideration as a result of any use of these images.

Consent for release of images

- For use in office for patient education.
- For medical lectures, education and consultation.
- For layperson lectures.
- For use in professional websites as before/after illustration.
- For medical publication.

Patient Signature: _____ DATE: _____

Printed Name of Patient: _____

Witness: _____