



— FLORIDA —
PLASTIC SURGERY
—

CONSENT TO USE PHOTOGRAPHS AND/ OR VIDEO

I agree to allow Florida Plastic Surgery, LLC and their Physicians to use my photographs for patient education and advertising purposes. I.e Social Media and Website.

Faces will not be shown, names will not be used and tattoos can be blurred if desired.

Consent is totally voluntary, but we greatly appreciate it if you allow this.

I _____ permit the use of my photographs/videos for professional purposes as outlined above.

Name (print)

Signature

Date

Staff Name (print)

Signature

Date