



LoTempio

PLASTIC SURGERY FOR WOMEN

## **PATIENT PHOTOGRAPHIC RELEASE FORM**

I hereby acknowledge that I have been advised by Dr. Maria M. LoTempio that photographs are to be taken of me or parts of my body which, together with details regarding medical services rendered to me, may be used by Dr. LoTempio for educational purposes as described below:

1. Photographs may be taken of me or parts of my body with my consent as approved by Dr. LoTempio to have appear on her website educational presentations.
2. Such photographs shall be taken by Dr. LoTempio or one of her appointed associates.
3. Such photographs or details regarding my personal medical services may be shown, printed, or broadcast by Dr. LoTempio in any print or broadcast media, including but not necessarily limited to newspapers, pamphlets, educational films, broadcast media, television and Dr. LoTempio's web site and other Internet communications in order to inform the public about plastic surgery methods and results.
4. Photography may also include video taping.
5. All photographic material remains the property of Maria M LoTempio, MD, PC
6. I release and discharge Dr. LoTempio and all parties acting under her license and authority, from 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 of publication.
7. If you wish to delete a portion of this permit, delete such and initial.
8. If you wish to restrict photos to your chart only, initial here and sign below  
\_\_\_\_\_
9. If you do not wish any photos to be taken at all, initial here and sign below  
\_\_\_\_\_

I grant this consent as a voluntary contribution in the interest of education and scientific purposes, and my consent is subject only to the condition that I not be identified by name at any time during any use or publication by Dr. LoTempio.

Patient: \_\_\_\_\_  
\_\_\_\_\_

Date:

Witness: \_\_\_\_\_  
\_\_\_\_\_

Date: