



Member of the
American Society
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AUTHORIZATION FOR AND RELEASE OF MEDICAL PHOTOGRAPHS

INSTRUCTIONS

This is a consent document that has been prepared to help inform you concerning permission to take photographs 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 photographs may be taken before, during, and or after a surgical procedure or treatment. Consent is required to take such images.

Additionally, patients may consent to release these medical photographs for a stated purpose.

1. CONSENT TO TAKE PHOTOGRAPHS

I hereby authorize Joseph Fodero, M.D. and/or his associates or licensees to take pre-operative, intra-operative, and post-operative photographs. I additionally consent to photographs of my interview.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS

I hereby authorize Joseph Fodero, M.D. and/or his associates or licensees to use pre-operative, intra-operative, and post-operative photographs for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks, for purposes of medical education, patient education, lay publication or during lectures to medical or lay groups.

I hereby authorize Joseph Fodero, M.D. and/or his associates or licensees to use pre-operative, intra-operative, and post-operative photographs for the showing of these images for the purpose of practice marketing which may include but not be limited to newspaper advertising, internet and web site placement, presentation at seminars.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and/or my interview.

Patient Signature _____ Date _____

Witness Signature _____ Date _____