

RELEASE AND PHOTO IMAGE PUBLICATION

CONSENT VERIFICATION AGREEMENT

This Release And Photo Image Publication Consent Verification Agreement (AGREEMENT) is entered into between Einstein Medical Inc. (EMI) with its principal place of business at 6675 Mesa Ridge Road, San Diego, CA 92121; and;

Dr. Joseph P. Fodero, M.D.,
of Dr. Joseph P. Fodero, M.D.,
with its principal place of business located at 239 West Northfield Road, Livingston, NJ 07039, (PHYSICIAN), and
(insert patient's name) _____, (PATIENT).

RECITALS

EMI is a web-hosting and online marketing company, engaged in the promotion and/or advertising of medical practices (SERVICES). This AGREEMENT is for the purpose of identifying any express or implied agreement, including, but not limited to, permission, consent, release, and/or authorization between PHYSICIAN and PATIENT in connection with the medical services PATIENT received from PHYSICIAN and/or PHYSICIAN'S associates.

PHYSICIAN and PATIENT warrant and represent that PATIENT has given CONSENT and FULL AUTHORIZATION that any photographs and/or images of PATIENT and/or parts of PATIENT'S body, under the following conditions:

1. The photographs and/or images will be taken by PHYSICIAN or by a photographer and/or skilled operator approved by PHYSICIAN.
2. The photographs and/or images may be used for:
 - a. medical records, and if in the judgment of PHYSICIAN, medical research, education or science will be benefited by their use, such photographs and/or images and information relating to PATIENT may be published or republished, either separately or in connection with each other, in, but not limited to, professional journals, medical books, medical based Internet web-sites, or any other purpose which PHYSICIAN may deem proper in the interest of, but not limited to, medical education, knowledge, or research; and/or
 - b. PATIENT further authorizes that the photographs and/or images may be used by PHYSICIAN or by any entity approved by PHYSICIAN in promotional printed, computer web-site, and/or video material including EMI SERVICES.
3. At no time will PATIENT'S name, address, or any other alpha/numeric PATIENT-identifiable information be used in connection with the publication of the photographs and/or images of PATIENT. PATIENT acknowledges the possibility that his/her identity may become known as a result of the publication and use of the photographs and/or images described in paragraph 2. above.
4. The photographs and/or images may be modified and/or retouched in nay way in PHYSICIAN'S discretion.

By signing below, PATIENT certifies that he/she had read and understood each and every section of this Agreement, and agrees to be bound by its terms.

PATIENT

Date

on behalf of PYSICIAN

Date