



TAROLA PLASTIC SURGERY

NICHOLAS A. TAROLA, MD

Photo Release

Your face and any identifying features such as tattoos will never appear in photos unless your surgery specifically involves the face. For facial procedures, only the treated areas will be shown in order to decrease the number of identifying features.

Yes ___ No ___ Dr. Tarola's book of Before & After patient photographs.

Yes ___ No ___ Dr. Tarola's web site/web pages/social media pages (ask about promotional advantages).

Yes ___ No ___ Dr. Tarola's lecture materials or slide presentations for medical educational purposes.

Yes ___ No ___ I would like to have my Before & After photos sent by ___email or ___given to me in the office

I agree that Nicholas A. Tarola, MD or designated representatives of the practice may take and use preoperative and postoperative photographs of my person for **confidential clinical record** purposes, and that such photographs shall remain the property of Nicholas A. Tarola, MD.

I fully and specifically grant my permission for the use of photographs, videotapes or case information for the additional purposes as indicated by my checks above. As a result of this use I understand that these photographs, videotapes or case information may appear in other related, updated or reprinted formats at any concurrent or future occasion. I understand that such consent is strictly on a voluntary basis. I understand a copy of this consent may be supplied with the images to any third party wherein they may be published or presented. I understand that some photographs may, by their representation make me identifiable in appearance to others. I authorize Nicholas A. Tarola, MD to use my photographs, videotapes, and case information in the following educational and scientific settings for which I have checked yes.

Signature of Patient or Personal Representative

Date

Print Patient Name