

**AUTHORIZATION FOR AND RELEASE OF
MEDICAL PHOTOGRAPHS/SLIDES/ AND/OR VIDEOTAPES**

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I hereby authorize Barry S. Handler, M.D. and or his/her associates or licensees to take pre-operative, intra-operative, and post-operative photographs.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS

I hereby authorize Barry S. Handler, M.D. and or his/her 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 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.

Date:

Patient Signature:

Witness: