



PHOTO CONSENT

Date: _____

Name: _____

Before and after photographs are important proofs as to the success of your operation and treatments. Doctors Hall and Wrye do not use these photographs for any purpose unless they have your permission. However, many patients who are considering cosmetic surgery or medical spa treatments find looking at before and after photographs very useful. In order to have any treatment within our office we require photo consent. Photos will not be shared unless approved by patient.

I have read the above statement and allow Hall and Wrye Plastic Surgeons to obtain photos of me for purpose indicated above.

Patient Signature

By signing the line below, I allow Hall and Wrye Plastic Surgeons to use photographs and other audio-visual and graphic materials before, during, and after the course of my therapy. These may be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information.