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A U T H O R I Z A T I O N F O R T H E U S E O F P H O T O G R A P H S

The use of photographs is essential to the planning and evaluation of cosmetic or reconstructive surgery. Your surgery has been photographically documented before, possibly during and now after the procedure. These photographs are a permanent part of your medical record and will never be shown to anyone else without your consent.

For various reasons, David L.J. Wardle M.D., F.R.C.S.(C) is often asked to show before and after photos of patients. Many patients, happy with their results, have given permission to use their photos anonymously. We now ask that you do so as well. Please consider the following request.

I consent to the release of photographs taken of myself, or parts of my body, with respect to my plastic surgery treatment to David Wardle, M.D. This release includes the following photographs taken by Dr. Wardle or his designated associates:

I have had the opportunity to review the photographs and have no objections to their use for the stated purposes stated in this release.

I understand that such photographs shall become the property of David Wardle, M.D. and may be retained by David Wardle, M.D., or release by David Wardle, M.D. for PUBLICATION OR REPUBLICATION in any PRINT, VISUAL ELECTRONIC (INTERNET) OR BROADCAST MEDIA For any purpose which David Wardle, M.D. deems appropriate to inform the medical profession or the general public about plastic surgery methods. The media may include, but are not limited to the following: MEDICAL JOURNALS AND TEXTBOOKS, PAMPHLETS, NEWSPAPER, MAGAZINES, VIDEOTAPES, TELEVISION OR VISUAL ELECTRONIC (INTERNET).

I agree and authorize David Wardle, M.D. to place my photos, film or video on his professional website. Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the photographs may portray features that shall make my identity recognizable.

I release and discharge David Wardle, M.D. and all parties acting under his license and authority from all rights that I may have in the photographs and from any claim that I have relating to such use and publication, including any claim for payment in connection with distribution or publication of the photographs.

David Wardle, M.D. has answered all of my questions to my satisfaction. I grant this consent as voluntary contribution in the interest of public education and certify that I have read the above authorization and release and fully understand its terms.

Patient Signature: _____ Date: _____

Physician: _____ Date: _____