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### CONSENT FOR RELEASE OF PHOTOGRAPHS

Photographs will be taken before and after surgery for documentation. We would like to ask your permission to use these photographs to show to future patients, and possible on our website gallery. This gives patients a realistic idea of the results they can expect should they choose to have a similar procedure. Rest assured that your identity is kept confidential.

Initial the following:

Dr. Ha may use my photos to show future patients:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Initials: \_\_\_\_\_

Dr. Ha may use my photos for website use:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Initials: \_\_\_\_\_

Dr. Ha may use my photos for scientific publications and presentations:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Initials: \_\_\_\_\_

I acknowledge that photographs may be taken of my body in connection with the medical services to be performed by my physician. I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc.

\_\_\_\_\_

Patient/Guardian Signature

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date