



*The Plastic and Cosmetic Center
Of South Texas
Cosmetic & Reconstructive Surgery*

Patient Release for Photography/Visual Recording

The undersigned, _____, a patient of The Plastic & Cosmetic Center consents to be photographed and/or visually recorded before, during and after treatment with the understanding that these visual recordings, still images, and adaptations may be used for professional and patient education, as well as, for surgeon workshops and seminars, and in certain medical and marketing materials.

The undersigned grants The Plastic & Cosmetic Center the ongoing and unrestricted right to the use of these images and acknowledges that he/she relinquishes all rights, title, and interest in these materials, or any right to profit or gain directly or indirectly realized through the use of these materials.

This form and the effect of my consent have been fully explained to me and any questions have been fully answered to my satisfaction.

Patient Signature

Date

Witness Signature

Date