



AUTHORIZATION FOR THE USE OF PHOTOGRAPHS

PATIENT _____ DATE OF BIRTH _____
ADDRESS _____ PHONE _____

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery. The photographs will be taken by one of the members of the Onyx Medical staff. I hereby give my consent for Onyx Medical to use the photographs under one of the following circumstances:

Please initial JUST ONE of the following:

ALL MEDIA

____ Photographs taken of me or parts of my body as well as details regarding medical service as I have received at Onyx Medical may be used in any print or broadcast media, including but not necessarily limited to newspapers, pamphlets, educational films, our internet site and television, in order to inform the public about liposuction and/or aesthetic procedures. Further, I release and discharge Onyx Medical, the facility used, and the American Society of Plastic Surgery, and all parties acting under their license and authority from any and all claims or actions that I have or may have relating to such use and publication and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including claim for payment in connection with any such user or publication. I give my consent as a voluntary contribution in the interest of public education and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

WEBSITE ONLY

____ Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Onyx Medical, may be used on our website in order to inform the public about liposuction and/or aesthetic procedures. Further, I release and discharge Onyx Medical, the facility used, and the American Society of Plastic Surgery, and all parties acting under their license and authority from any and all claims or actions that I have or may have relating to such use and publication and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including claim for payment in connection with any such user or publication. I give my consent as a voluntary contribution in the interest of public education and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

PHOTO ALBUM ONLY

____ Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Onyx Medical may be used in the photograph album in order to inform other surgery patients about liposuction and/or aesthetic procedures. Further, I release

and discharge Onyx Medical, the facility used, and the American Society of Plastic Surgery, and all parties acting under their license and authority from any and all claims or actions that I have or may have relating to such use and publication and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including claim for payment in connection with any such user or publication. I give my consent as a voluntary contribution in the interest of public education and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

MEDICAL ONLY

_____ Photographs taken of me or parts of my body can be solely used for the purpose of my medical care with Onyx Medical. The photographs and details regarding medical services rendered to me will be kept confidential within my personal medical file at Onyx Medical.

Patient Signature _____

Date _____

Witness _____