SHOALS PLASTIC SURGERY

PATIENT AUTHORIZATION AND CONSENT FOR USE

OF PHOTOGRAPHIC IMAGES

I, _____, agree that after I undergo my procedure which is _____ my physician, Dr. G. Russell Jennings, may use images of me or part of my body, taken before and after the procedure, in promotional materials for his medical practice. Those materials will include (check all that apply):

I understand that I will not be compensated financially or otherwise for the use of my likeness.

I understand that my name will not be used in the promotional materials without my permission.

I understand that, where possible depending on the location of my procedure, my identity will be obstructed in these images.

By my signature below, I indicate that Dr. G. Russell Jennings or his representative has explained to me the way in which my images(s) will be used, that I have had the opportunity to ask questions about this use, that all my questions have been answered to my satisfaction, and that I do authorize and consent to the use of my image(s) in the way(s) indicated above.

_____

Patient Name

_____ _____

Signature of responsible party Date

_____

Relationship to the patient (if responsible party is not patient)