

Advanced Plastic Surgery
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Patient Name _____

Date of Birth _____

Patient Photographic Release Form

I hereby acknowledge that I have been advised by Dr. Nassif Soueid that photographs are to be taken of me or parts of my body, which together with details regarding medical services rendered to me, may be used by Dr. Nassif Soueid.

Unless you are presenting to our office for a facial consultation, your face will not appear in any of the photos taken.

1. Photographs may be taken of me or parts of my body with the consent of Dr. Nassif Soueid under such conditions and at such times as may be approved by Dr. Nassif Soueid.
2. Such photographs shall be taken by Dr. Nassif Soueid, or by photographers approved by the physician.
3. Such photographs and/or details regarding medical services that I have received may be shown, printed, or broadcast by Dr. Nassif Soueid in any print or broadcast media, including but not necessarily limited to newspapers, pamphlets, educational films, television, and the Advanced Plastic Surgery website and other internet communications in order to inform the public about plastic surgery methods and results.
4. Photography may also include videotaping, and the physician's use of my pictures for the website.
5. All photographic material remains the property of Dr. Nassif Soueid.
6. I release and discharge Dr. Nassif Soueid, and all parties acting under the physicians' license 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 any claim for payment, in connection with any such use of publication.
7. I 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.
8. If you wish to delete a portion of this permit, delete and initial it.
9. If you do not wish any photos to be taken at all, initial here and sign below. _____

I grant that this consent is a voluntary contribution in the interest of education and scientific purposes, and my consent is subject only to the condition that I not be identified by name at any time during any use or publication by Dr. Nassif Soueid.

Patient Signature _____ Date _____

Witness Signature _____ Date _____