



**STEPHEN LOBER
PLASTIC SURGERY PC**

Patient Photograph Release Form

I hereby acknowledge that I have been advised that photographs may be taken of me or parts of my body before and after surgery. These photographs will be taken by one of the staff members of Stephen Lober Plastic Surgery PC. I hereby give my consent for Stephen Lober Plastic Surgery PC to use these photographs under the following circumstances:

Medical Insurance (Please Initial):

I authorize the release of pre and post operative photographs to referring physicians and appropriate insurance carriers. These photographs will remain the property of Stephen Plastic Surgery.

Internet/Social Media (Please Initial):

Photographs taken of me or parts of my body can be used in any print or media including but not necessarily limited to internet, pamphlets, social media to inform the public about plastic surgery methods. Further, I release and discharge Stephen Lober plastic Surgery PC, any employees of Stephen Lober Plastic Surgery PC and the American Society of Plastic Surgeons, and all parties acting under their license and authority and any and all claims or actions that I have or may have relating to such use and medical services rendered me, including claim for payment, in connection with any such education and my consent is subject only to the condition that I am not IDENTIFIED by name or any other identifying marks at any time during any use or publication of these materials by any party. These photographs will remain the property of Stephen Lober Plastic Surgery PC.

By signing this form, I acknowledge my consent as initialed above and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

Signature of Patient or
Parent/Guardian

Date/Time

Signature of Witness

Date/Time

