



RADY RAHBAN, M.D.
PLASTIC AND RECONSTRUCTIVE SURGERY

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I hereby authorize Rady Rahban, M.D. to use my clinical photographs, videotapes and medical case information in educational, scientific and business uses, including but not limited to lectures, medical and scientific journal articles, video and multimedia presentations and electronic publications such as Web sites(s) and Power Point presentations.

I authorize unrestricted use of my clinical photographs, videotapes and medical case information and records in the following settings including but not limited to:

1. Patient education materials and brochures.
2. Preoperative and postoperative photographs for viewing by prospective patients.
3. Magazine and newspaper articles.
4. Television shows and video presentations for educational or business use.
5. Internet and website access.
6. Lectures and multimedia presentations such as PowerPoint.
7. Examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc.

I understand that video or photograph representations of me preoperatively, intraoperatively and postoperatively may be used at the sole discretion of the television network, media or business organization and I indemnify and hold Rady Rahban, M.D. harmless from any damages or claims for compensation, implied or otherwise stated that may arise.

I therefore release, waive, indemnify and hold harmless Rady Rahban, M.D., any affiliated business entity, his office staff, agents, employees and operating room facility from any and all liability or claims for compensation which might arise from or in connection with the use of the above stated material.

Date _____

Date _____

PATIENT SIGNATURE

WITNESS SIGNATURE

PRINT NAME

PRINT NAME