



Photograph Consent and Release Form

I, hereby give permission to Salameh Plastic Surgery, LLC (Dr. Bernard Salameh) or its designated representatives to obtain photographs and/or video recording of my person in connection with the plastic surgery procedure(s) intended or performed.

I understand that photographs may be taken before, during, and after my procedure(s) as a routine part of my medical care.

I further understand that these photographs shall remain the property of Salameh Plastic Surgery, LLC. Specifically, the photographs, videos, recordings, or case information may be used for the office photo album or gallery as educational material for prospective patients, medical textbooks or journals, news media, television, radio and any form of advertising.

I understand that the obtained photographs and/or videos can be used on the following outlets:

- Website: www.salamehplasticsurgery.com
- Facebook: Salameh Plastic Surgery
- Instagram: Salameh Plastic Surgery
- Snapchat: Salamehplastics

I understand a copy of this consent may be supplied with the images of any third party wherein they may be published or presented. I understand that some photographs may, by their representation make me identifiable in appearance to others. I waive the right to inspect or approve the photographs or videos prior to their usage for the above mentioned purposes. I realize that no remuneration will be provided to me now or in the future for usage of the photographs, videos, or case information. I understand that such consent is strictly on a voluntary basis.

I certify that I have read the above consent and release form and fully understand its terms.

Patient Name(print): _____

Date: _____

Patient Signature: _____

Witness: _____

Email: _____