



# METROPOLITAN PLASTIC SURGERY

5853 N. Fairfax Dr., Suite 350, Arlington, VA 22205

14908 Jefferson Davis Highway, Woodbridge, VA 22191

## PHOTO CONSENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Before and after photographs are important proofs as to the success of your operation. Dr. Marefat does not use these photographs for any purpose unless he has your permission. However many patients who are contemplating surgery find looking at before and after photographs very useful. For this reason we would like to have your permission to use these photographs for patient education. Occasionally, Dr. Marefat uses them for lectures or talks on plastic surgery. At other times he may use them for marketing or advertising. In either case, he will only use them if you have given him permission. Dr. Marefat fully realizes the sensitive nature of this matter and keeps your identity completely protected at all times. Please circle the appropriate option.

I allow/do not allow Dr. Marefat to utilize my photographs for educational purposes.

I volunteer/do not volunteer to speak with patients who are contemplating cosmetic surgery.

I allow/do not allow my photographs to be used in Dr. Marefat's webpage.

I allow/do not allow my photographs to be used for marketing and advertising.

I have read the above statement and allow Dr. Marefat to use my before and after photographs for the purposes indicated above.

\_\_\_\_\_  
Patient Signature