

**Zieg Plastic Surgery Center & Lipo Spa**

812-471-5476

401 METRO AVENUE

EVANSVILLE, IN. 47715

**Photograph and/or Videotape Consent**

I \_\_\_\_\_, recognize that the results from the practice of medicine and surgery are not absolutely predictable, and I acknowledge that no guarantees or assurances have or can be made concerning the results of such treatment. I further acknowledge that there have specifically been no guarantees as to the cosmetic results from the procedure.

I consent to the taking of photographs and/or videotaping before, during and after the procedure. These photographs and/ or videotapes are important to document and follow my progress after surgery. I will not be identified by name on any photograph and /or videotape.

I expect no compensation for any such of these photographs and/or videotapes, and I waive all my rights to any claims for payment or royalties. I also release Dr. Paul M. Zieg and/or his associates/assistants from any liability in connection with the use of such photographs and/or videotapes. I recognize these photographs and/or videotapes are used to track and follow my progress before, during and after the procedure and will not be released for publication at anytime without my written consent on secondary photograph/videotape consent.

“I hereby grant permission for the use of any of my medical records including illustrations, photographs, videotapes or other imaging records created in my case, for use in examination, testing, credentials, and/or certifying purpose by The American Board of Plastic Surgery, INC.”

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

Witness Signature: \_\_\_\_\_  
(Office Use Only)

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