

MARSHALL L. WALLACE, DMD, MHS

INFORMED CONSENT FOR PHOTOGRAPHS

Patient Photographs:

Photographs will be taken when deemed necessary by the doctor for the purpose of documentation, planning a surgical procedure or for filing insurance claims.

Patient Computer Imaging:

In the course of consultation and discussions with my doctor, I may have been shown, or may be shown or provided certain brochures, pictures of actual patients or pictures on an electronic computer imaging device. I do understand that those pictures and alteration of those pictures are solely for the purpose of illustration, discussion, and to provide improved communication with my doctor. I do understand that the outcome of any type of surgical procedure is directly related to my individual characteristics and health. I further understand and acknowledge that because of the obvious significant differences in how living tissues react to surgery, there may be no relationship between the electronic images created, and my actual final surgical result. Use of the computer imaging system offers an opportunity for me to discuss my desires and to allow improved communication with the medical staff.

I certify my understanding that there is NO WARRANTY, expressed or suggested, as to my own final appearance after elective surgery by the use of these images.

Permission/Denial to use photographs (initial next to your selection):

_____ I hereby grant permission for the use of any illustrations, photographs, or imaging records, created in my case, for use in scientific and professional journals and presentations at any time during or after treatment, with complete confidentiality of my identity.

_____ I do not grant permission for the use of any illustrations, photographs, or imaging records created in my case.

I have read and understand the 'Informed Consent for Photographs':

Signed: _____ Date: _____
(Patient)