



Plastic, Aesthetic & Reconstructive Surgery

Photography Consent

I, _____, consent to the taking of photographs by Dr. Inzhili Kitto of me or parts of my body 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 will be kept strictly confidential.

Patient Signature: _____ Date: _____