



Plastic, Aesthetic & Reconstructive Surgery

Release of Photographs Consent

Additionally, I authorize the use of my photographs in the formats listed below. I waive any right to inspect or approve the finished product, advertising, or other copy that may be used in connection with the options below. I understand that I will **never** be identified by name in any use of these photographs, but that in some circumstances the photographs may portray features which make my identity recognizable.

(Please **initial** next to YES or NO for each of the items below)

____ YES ____ NO For use in **office photo gallery** to help future patients understand and see outcomes from surgery by Dr. Inzhili Kitto.

____ YES ____ NO On Dr. Kitto's **website or affiliated websites and presentations** for prospective patients to see and understand outcomes from surgery with Dr. Inzhili Kitto.

____ YES ____ NO For use in **scientific presentations and articles** by Dr. Inzhili Kitto.

____ YES ____ NO For use on **Social Media** for prospective patients to see and understand outcomes from surgery with Dr. Inzhili Kitto.

____ YES ____ NO I agree to participate in educational videos with Dr. Kitto that will be used on **Social Media** for prospective patients to see and understand outcomes from surgery with Dr. Inzhili Kitto.

I release and discharge Dr. Inzhili Kitto from all rights that I may have in the photographs and from any claim that I may have relating to such use. I certify that I have read the above Authorization and Release and fully understand its terms.

Print Name: _____ Date: _____

Signature: _____

Reviewed By: _____ Date: _____

This consent may be revoked at any time with a written consent.