



AISHA WHITE, MD

QUINTESSENCE
PLASTIC SURGERY

Release of Photographs Consent

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.

I agree that the images may be:
(Please check YES or NO for each item)

- placed in my medical record for future treatment _____ YES _____ NO
- used in marketing materials such as brochures, magazines, handouts _____ YES _____ NO
- used in commercial broadcast such as billboards or other media outlets _____ YES _____ NO
- used in social media postings such as twitter, instagram, facebook, etc _____ YES _____ NO
- used on Quintessence Plastic Surgery website _____ YES _____ NO

By signing below, I confirm that I understand and agree to the above photograph consent.

Patient Printed Name

Date

Signature of Patient/Parent or Guardian