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Photo Release Form

I, _____, do hereby grant Dr. Moein Momtazi, Plastic and Reconstruction Surgeon, permission to take photographs before, during and after treatment. These photos will be stored in Dr. Momtazi’s private patient database.

I grant Dr. Momtazi permission to use these photos in his surgical portfolio and to share these photos with future patients as an example of his surgical results.

YES NO

Patient/Guardian Signature

Date

Witness

Date