



AUTHORIZATION FOR THE USE OF PHOTOGRAPHS

The use of photographs is essential to the planning of your medical record and will never be shown to anyone else without your consent.

For various reasons Dr. Hennessy is often asked to show before and after photos of patients. Many patients have given permission to use their photos anonymously. We now ask that you do as well.

AUTHORIZATION FOR BEFORE & AFTER PHOTOS

I hereby authorize Dr. Mark Hennessy, to use my preoperative and postoperative photos in his before and after presentation to other patients interested in the same procedures.

I understand that every attempt will be made to represent me and the physician accurately and with integrity and dignity in all representations. I understand that this consent has no bearing on medical care.

This release will remain in effect for 7 years unless revoked in writing or Mark Hennessy MD, and/or Downsize Lipo Center has taken action in reliance to this consent.

Signature

Date

Print

AUTHORIZATION FOR WEBSITE

I hereby authorize Dr. Mark Hennessy, to use my photos for website presentations.

I understand that every attempt will be made to represent me and the physician accurately and with integrity and dignity in all presentations. I understand that this consent has no bearing on my medical care. This release will remain in effect for 7 years unless revoked in writing or Dr. Mark Hennessy and /or Downsize Lipo Center has taken action in reliance to this consent.

Signature

Date

Print _____

