

THE VOGEL AMBULATORY SURGERY CENTER
4 Park Center Court, Suite 100
Owings Mills, MD 21117

CONSENT FORM FOR USING PHOTOGRAPHS/VIDEO

I understand that for educational and occasionally marketing purposes, cosmetic surgery before and after photographs are used. I consent to the use of my photographs and/or video footage for such purposes. These purposes include but are not limited to use on the internet, educational and marketing seminars, photo albums that potential patients view in the office, advertisement, and at professional educational seminars.

I have discussed with Dr. Vogel and/or Dr. Houssock and staff any limitations to the above uses, and any limitations that I have discussed are indicated below.

_____ There are no limitations.

_____ I authorize my photos to be used only for _____

Printed Name

Signature

Date