PATIENT NAME: _____

Photographic and Information Consent Form

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of the images and/or my interview.

_____Yes I authorize the use of my photographs for **office use only.**

_____Yes I understand and accept that I may be recognized from my
_____No likeness or case history. Nevertheless, I authorize Jonathan McCue, MD to use my photographs, videotapes and case information in educational and scientific settings including lectures and multi-media presentations for an audience of medical professionals, at which members of the press may be present, and medical, surgical and scientific journal articles.

_____Yes I authorize the use of my photographs, videotapes and
_____No case information in the following commercial/educational settings: my surgeon's office patient education materials; newspaper and magazine articles in which my surgeon participates; television programs in which my surgeon participates; and lectures and multi-media presentations given by my surgeon for the general public.

_____Yes I authorize my before and after photographs to be used on the
_____ No **McCue Plastic Surgery website**.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of the images and/or my interview.

_____ _____

Patient Signature Date