

**SIGN \*\*ONE\*\* ONLY: EITHER RELEASE OR DENIAL**

**PATIENT PHOTO \*\*RELEASE\*\***

\_\_\_\_\_ (PATIENT), hereby gives and forever grants to Hankins & Sohn Plastic Surgery Associates, its advertising and marketing agency, licensees and producers or publishers of its promotional materials and their successors and assigns, the right to use, publish and copyright patient's picture, portrait and likeness, in whole or part, including alterations, modifications, derivations and composites thereof, in advertising and promotion of Hankins & Sohn Plastic Surgery Associates, W. Tracy Hankins, MD and Samuel M. Sohn, MD, and their affiliated corporations, throughout the world, including the internet.

This right shall include the right to combine patient's likeness with others, and to alter patient's likeness by digital means or otherwise, for the purposes set forth herein.

Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

I understand that I may request before and after photos for my own personal records and I shall receive two (2) photos at no charge; any additional photo requests will cost me \$0.60 per photo.

\_\_\_\_\_  
PATIENT NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN

**PATIENT PHOTO \*\*DENIAL\*\***

\_\_\_\_\_ (PATIENT) hereby DO NOT grant Hankins & Sohn Plastic Surgery Associates permission to use patient photos for advertising or promotional materials. Before and After photos will be used only for documentation in the patient's chart.

\_\_\_\_\_  
PATIENT NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN