

PHOTOGRAPH CONSENT FORM

I, the undersigned, hereby authorize Dr. Fritz E. Barton, Jr./Surface Clinical to take my pre-photos for planning purposes, medical evaluation, surgical or other procedures and subsequent treatment. **Your photos will not be used in any publication or on the Internet without your notification and a separate form signed by you.** I herein relinquish any right, title, or interest in such photographs and I understand that my identity will not be revealed by the pictures or by the descriptive texts accompanying them.

PERSON PHOTOGRAPHED

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Requested by Fritz E. Barton, Jr., M.D.
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