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## **Use of Photo/Video Consent**

Many patients find before and after photos useful in making a decision to proceed with surgery. We respectfully ask you to consider whether you would allow Denver Plastic Surgery and Liposuction, LLC to use your before and after images. All images are de-identified and do not include your face (unless the surgery has been specifically performed on an area of your face, such as when eyelid surgery, nose surgery or a toxin injection of the face is performed). Use of photos may include electronic publications, in office use with patients, company website posts, social media posts, educational seminars and presentations. Your permission and consent to use your photo and/or video images are greatly appreciated.

Please know, that declining use of your photo or vi	deo images will NOT ch	ange or influence your care.
I consent to use of my photo and/or vide	o images as described a	above.
I <b>DO NOT</b> consent to use of my photo ar understand that images still may be taken that will record.		
Patient Name	-	
Patient Signature	 Date	 Time