

RENAISSANCE

PLASTIC SURGERY, P.C.

Informed Consent: Patient Computer Imaging

In the course of consultation and discussion with my physician, I may have been shown, or may be shown or provided certain brochures, pictures of actual patients, or pictures on an electronic computer imaging device. I do understand that those pictures and alterations of those pictures seen are solely for the purpose of illustration, discussion, and to provide improved communication. I do understand that the outcome of any type of surgical procedure is directly related to my individual characteristics and health. I further understand and acknowledge that because of obvious significant differences in how living tissues react to surgery, there may be no relationship between the electronic images created and my actual surgical results. Use of the computer imaging system offers an opportunity for me to discuss my desires and to allow improved communication with the medical staff.

I certify my understanding that there is no warranty, expressed or suggested, as to my own final appearance after elective surgery by the use of these electronically altered images.

_____ I hereby grant permission for the use of any illustrations, photographs, or imaging records created in my case for use in presentations at any time during or after treatment, with complete confidentiality of my identity.

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Patient Name

Date

