

TEXAS HEALTH CARE, P.L.L.C.

1307 EIGHTH AVE., SUITE 410
FORT WORTH, TEXAS 76104

PHOTO CONSENT

Medical photographs/slides and videotapes may be taken before, during, or after a surgical procedure or treatment. Consent is required to take such images.

Additionally, patients may consent to release these medical photography/slides, and videotapes for a stated purpose.

I hereby authorize DR. Y. DUCIC, M.D. and his associates or licensees to take pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes. I also authorize DR. Y. DUCIC M.D. and his associates or licensees to use pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks, for purposes of medical education, patient education, lay publication, professional publication or during lectures to medical or lay groups.

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

DATE: _____

PATIENT SIGNATURE: _____