JENNIFER MURDOCK, MD
OCULOFACIAL PLASTIC SURGERY

PATIENT PHOTOGRAPHIC AUTHORIZATION, RELEASE, AND DISCHARGE

I consent to the taking of photographs, audio/video and other images ("imaging records") by Dr. Jennifer Murdock, or her designee, of me or of my likeness or parts of my body in connection with plastic surgery procedures and consultations.

I understand that such imaging records may be published in print, visual or electronic media, specifically including, but not limited to, medical journals and textbooks, scientific presentations, teaching courses, and internet websites, for the purpose of informing the medical profession or the general public about plastic surgery methods, results, issues, trends, and similar matters.

I will not be identified by name in any publication. I understand that in some circumstances the photographs may portray features which shall make my identity recognizable. Further, I recognize that in some instances the photographs or audio/video files may be transformed into a non-photo likeness of me.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it won't have any effect on any actions taken prior to my revocation.

I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive.

I hereby warrant that I am over eighteen years of age, and competent to contract in my own name.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Authorization, Release and Discharge and fully understand its terms.

Signature _____ *Date* _____
Name _____ *DOB* _____

I have read the above Authorization, Release, and Discharge. I am the parent, guardian or conservator of _____(DOB)_____, a minor. I am authorized to sign this consent on his/her behalf and I voluntarily grant this consent as a contribution in the interest of public education.

Parent/Guardian _____ *Date* _____
Name of Parent/Guardian _____

Jennifer Murdock, MD, PLLC
12750 NW 17th St, Suite 226 • Miami, FL 33182
Phone: 305-315-5577 | Fax: 833-972-5649 | jennifermurdockmd.com