**La Nouvelle Medical Spa**

**1700 N. Rose Ave., #230**

**Oxnard, CA 93030**

**Medical Director- Dr. Antoine Hanna M.D**

**AUTHORIZATION FOR AND RELEASE OF MEDICAL PHOTOGRAPH/ SLIDES AND OR VIDEOTAPES**

**INSTRUCTIONS:**

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides and/or videotapes and to use these images for a purpose as define within this consent document.

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by Dr. Hanna .

**INTRODUCTION:**

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

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

**1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES/VIDEOTAPES**

I hereby authorize Dr. Hanna and his associates or licensees to take pre-operative, and post-operative photograph, slides, and/or videotapes. I additionally consent to photographs, slides, and/or video of my interview.

**2.CONSENT FOR REALESE OF PHOTOGRAPH/SLIDES/VIDEOTAPES**

I hereby authorize Dr. Hanna, and his associates or licensees to use pre-operative, intraoperative and post-operative photographs, slides and or/videotapes of professional medical or promotional use purposed deemed appropriate including but not limited to showing these images on public online social media, printed promotional tools, for purposed of medical education, patient education, lay publication, or during lectures to medical or play 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**