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PHOTOGRAPH PERMISSION/PATIENT CONSENT

I authorize the Ohio Clinic for Aesthetic and Plastic Surgery, Inc. and Dr. Michael H. Wojtanowski to document my medical therapy with before and after photographs. I understand that medical photography is a standard procedure in Plastic Surgery Practices.

All photos taken will become part of my permanent medical record and are kept confidential by the Ohio Clinic for Aesthetic and Plastic Surgery.

Patient/Guardian Signature

Date

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Rev.: 10/03