



Plastic Surgery Institute of Dayton, Inc.
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PHOTO CONSENT FORM

I, _____, consent to the use of my photos from pre-operative and post-operative surgery on _____ with Provider _____.

I am aware that this may be used for advertising purposes on the Plastic Surgery Institute of Dayton, Inc.'s website, social media pages and marketing materials. *Patient names or demographic information will not be used.*

Please initial below where we may utilize your photos:

_____ Plastic Surgery Institute of Dayton, Inc.'s website, social media pages, marketing materials and the Providers's book to be used during in-office consultations.

_____ NO internet use, ONLY the Provider's book used during in-office consultations.

This photo consent is effective until revoked* in writing by the above named patient.

Patient Signature: _____ Date: _____

Patient Name (Printed): _____ Acct. #: _____

Witness Signature: _____ Date: _____

**If revoked, a copy of the revocation will be given to the patient for their records.*

I hereby revoke my consent to use my pre-operative and post-operative photos as described above.

Patient Signature: _____ Date: _____

Patient Name (Printed): _____ Acct. #: _____

Witness Signature: _____ Date: _____

Steven P. Schmidt, M.D. ~ Matthew J. Fox, M.D. ~
Jason T. Hedrick, M.D. ~ Andrew J. Parrish, M.D. ~ Jessica M. Brown, APRN-CNP