PERSKY/SUNDER

FACIAL PLASTIC SURGERY

­­­­­­­­­­­­­­­16311 VENTURA BLVD. SUITE 600

ENCINO, CA 91436

(818) 501-3223

**PHOTOGRAPHY CONSENT**

I permit Dr. Michael A. Persky and/or Dr. Sarmela Sunder to photograph me under the following conditions:

**1**. The photographs may be taken only with the consent of Dr. Persky and/or Dr. Sunder.

**2**. The photographs will be taken by Dr. Persky/Dr. Sunder or a photographer chosen by them.

In addition to the photographs taken for your medical record that you are consenting to on “Patient Information” form, the photographs may also be used for:

**PLEASE INITIAL EACH ONE THAT APPLIES:**

\_\_\_\_\_ Furthering medical research, education or science

\_\_\_\_\_ Publication in professional journals or textbooks

\_\_\_\_\_ Website & Marketing

\_\_\_\_\_ Decline

I understand that any publication of my pictures shall not identify me by name.

**CANCELLATION POLICY**

* SURGICAL APPOINTMENT: We require 5 days’ notice for cancelling any surgery whether in-patient or out-patient procedure. Your deposit will not be refunded if failure to notify our office 5 days prior to your surgery.
* COSMETIC APPOINTMENT: We require 48 hours’ notice for cancelling your appointment. Your deposit will not be refunded if failure to notify our office 48 hours prior to your appointment.
* LAST MINUTE CANCELLATIONS AND NO-SHOWS: The office may take a reservation fee of $50 upon booking your next visit that will be applied towards your treatment.

Please note that we do not issue any refund on our retail but we will issue a credit applicable towards any services and/or retail. We will ONLY issue a refund if the merchandise you purchased is defective within 30 days. Thank you.

Patient’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

If patient is a minor or is unable to consent:

Parent/Guardian’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_