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Authorization for release of medical pictures, videotapes, testimonials

This is a consent document that has been prepared to help our practice inform you concerning permission to take photographs, slides, and/or videotapes and to use these images for a purpose as defined within this consent document. It is important that you read this information carefully and completely. After reviewing, please sign the consent.

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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.

Print name:

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Date: