

## PICTURE RELEASE

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"I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc."

I understand that the pictures will be cropped to assure discretion and that any distinguishing marks will be eliminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_