LEILIE JAVAN, MD, FACS
A Medical Corpoation
425 Haaland Drive, Suite 203, Thousand Oaks, CA 91361
(805) 381-9800 – phone (805) 496-8480 – fax

PHOTOGRAPH / FILM / VIDEO CONSENT

I authorize Leilie Javan, M.D., and associates or assistants of her choice to take photographs/file or

video of the treatment site for record purposes on _____
(Patient's Name)

Patient's Initials

_____ Details of the photographing/filming/videotaping have been explained to me in terms I understand.

_____ I understand that the photos, films or videos are the property of the above-mentioned physician, and that upon request with my signature, I may obtain a copy.

_____ I agree and authorize use of the photos, film or video for teaching purposes, which includes being shown to other patients. ***I am aware that my name and identity will not be disclosed.***
_____**I DO NOT** AUTHORIZE THE USE OF THESE PHOTOS, FILMS OR VIDEOS FOR TEACHING PURPOSES.

_____ I agree and authorize use of the photos, film or video in the advertisements of the above-mentioned physician***. I am aware that my name and identity will not be disclosed.***
_____**I DO NOT** AUTHORIZE THE USE OF THESE PHOTOS, FILMS OR VIDEOS FOR ADVERTISING.

_____ I agree and authorize the above-mentioned physician to place my photo, film or video on her professional web-site***. I am aware that my name and identity will not be disclosed.***
_____**I DO NOT** AUTHORIZE THE USE OF THESE PHOTOS, FILMS OR VIDEOS ON ANY WEB SITE.

I certify that I have read and understand this agreement and that all the blanks were filled in prior to my signature.

_____ _____
Patient or Legal Representative Signature Date Relationship (self, parent, etc.)

_____
Print Patient or Legal Representative Name

I certify that the nature and purpose of the proposed photographs/films/videos have been fully explained to the patient or the patient's legal representative. All questions have been fully answered and the patient/legal representative fully understands what has been explained to them.
(circle one)

_____
Witness Signature Date