



Plastic Surgery & Dermatology Associates (PSDA)

PERMISSION FOR MEDICAL EDUCATION, PUBLICATION, & RESEARCH

To Whom It May Concern:

This form is a request for permission from _____ for the use by _____ and his/her designated representatives to report your medical condition and treatment in the medical literature for the benefit of medical education and training. Your name will not be used nor any personal information that would clearly identify you.

If this case presentation is accepted for publication, your past medical history, medical problems, social history, physical exam, and diagnostic tests will be reported for educational purposes. Photographs taken before, during and after your surgery will also be included.

I will/willnot (circle one) permit the use of photographs, history and physical and other pertinent information for publication and educational purposes.

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Date

Birthday

Witness

Date