BSC
Bluemound Surgery Center, Ltd.
"Live Life Beautifully"

illume
COSMETIC SURGERY & MEDSPA

AMERICAN SOCIETY OF PLASTIC SURGEONS®

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I hereby voluntarily grant permission to the physicians of Illume Cosmetic Surgery & MedSpa and their designated representatives to take and use clinical photographs of my _____ with the understanding that such photographs are confidential, clinical record purposes, and that all photographs remain the property of the physician. I consent 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.

Patient Name: _____

Signature: _____

Date of Birth: ____/____/_____

Occasionally, such photographs are used for teaching purposes including; research, medical, public and patient education.

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I WILL / WILL NOT (circle one) permit the use of my photographs for such ethical professional purposes. I provide the authorization as a voluntary contribution in the interest of public education. I understand that such photographs may be released for the limited purpose of including them in any print, visual or web-based media, specifically including, but not limited to medical journals, text books and educational websites, for the purpose of informing the medical profession or the general public about plastic surgery. This includes a display of photographs in the physician's office or on the physician's website.

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