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PHOTOGRAPHY CONSENT

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|--|---|
| | PATIENT NAME |
| | PATIENT/GUARDIAN SIGNATURE |
| | WITNESS SIGNATURE |
| | DATE |

The Board requires that all identifiable characteristics, with the exception of a full face photograph or photograph of a uniquely identifiable characteristic, be blanked out for submission of materials for the Oral Examination of The American Board of Plastic Surgery to protect patient privacy.

**PLEASE NOTE: THIS FORM MUST BE SIGNED IN ORDER TO HAVE ANY PROCEDURE PERFORMED

Adopted: 10/15 Revised: 5/16