

**Richard W. Dabb, M. D.**

**INFORMED CONSENT**

**Patient Computer Imaging**

In the course of consultation and discussions with certified medical professionals, I may have been shown or may be shown or provided certain brochures, pictures of actual patients or pictures on an electronic computer imaging device. I do understand that those pictures and alterations of these pictures seen are solely for the purpose of illustration, discussion and to provide improved communication with medical professionals. I do understand that the outcome of any type of surgical procedure is directly related to my individual characteristics and health. I further understand and acknowledge that because of the obvious significant differences in how living tissues react to surgery, there may be no relationship between the electronic images created and my actual final surgical result. Use of the computer imaging system offers an opportunity for me to discuss my desires and to allow improved communication with the medical staff.

I hereby grant permission for the use of any illustrations, photographs or imaging record, created in my case, for use in scientific and professional journals and presentations at any time during or after treatment, with complete confidentiality of my identity.

I certify my understanding that there is NO WARRANTY, expressed or suggested, as to my own final appearance after elective surgery by the use of these electronically altered images.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician)

I \_\_\_\_\_ authorize Dr. Dabb to use any and all photographs he has in his possession for use on the computer website for The Center for Aesthetic and Reconstructive Surgery of York, P.C.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_