Executive Plastic Surgery, PLLC.
Dr. Shaher W. Khan M.D.
Landmark Surgery Center
43940 Woodward Ave. Bloomfield Hills, MI 48374

P: (734) 419-1615
F: (248) 934-2185

Patient Consent Form- Media

I hereby grant Dr. Shaher W. Khan, M.D. and/or Executive Plastic Surgery, PLLC. and Landmark Surgery Center permission to take photograph/video(s) of myself and to publish those photograph(s)/video(s) for any lawful purpose, including, but not limited to, their website, social media accounts, YouTube, Facebook, and promotional materials, either digital or in print, in perpetuity.

By signing and dating this document approved, I authorize Dr. Shaher W. Khan, M.D. and/or Executive Plastic Surgery, PLLC. and Landmark Surgery Center to edit, alter, share, remix, tweak, build upon or in any way alter the photograph/video(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my photograph/video(s) and name for the personal or commercial purposes outlined above. This consent does not have an expiration date "ALL FUTURE USE" unless I list a specific date.

I give permission to use my photograph(s)/video(s) at all visits including pre-op, surgery, and post-op.

APPROVED

_____ I give permission to use my photographs and videos without using my name or face:

_____ I give permission to use my photographs and videos with my name (no face):

_____ I give permission to use my photographs and videos with my face (no name):

DECLINED

_____ I decline use of my photographs and videos, my name, and my face.

Patient Name (printed):_____ Date of Birth:_____

Patient Signature: _____ Date: _____