

Robin A. Sykes, MD, PA

FORMERLY

JUPITER PLASTIC SURGERY CENTER

304 Tequesta Drive, #300, Tequesta, FL 33469

Consent to Publication of Photographs

Patient's Name: _____

Dates: _____

In connection of services that I have received from my physician, Dr. Robin Sykes and/or her associates, I consent that the photographs taken pre-procedure and post-procedure may be used on the Internet and in advertising on television, in the newspaper and other printed media.

I understand that I shall not be identified by name or initials.

This consent shall be effective from the date shown at the top of this form and will remain in effect until revoked in writing by me.

Signature of Patient (or guardian if patient under 18 years of age)

Printed Name of Patient

Signature of Witness

Printed Name of Witness