

# DR. KAREN M. HORTON

PLASTIC SURGERY □ AESTHETIC SURGERY  
□ RECONSTRUCTIVE MICROSURGERY □

2100 Webster Street, Suite 506 San Francisco, CA 94115  
Tel (415) 923-3067 □ Fax (415) 346-5019  
[www.drkarenhorton.com](http://www.drkarenhorton.com)

## AUTHORIZATION FOR USE OF MEDICAL IMAGES

The use of photographs is essential to the planning and evaluation of cosmetic and reconstructive surgery. Photographic documentation is typically obtained before and after any surgical or non-surgical cosmetic procedure. These photographs are a permanent part of your medical record and are not shown to anyone without your permission.

Dr. Horton's goal is the education and empowerment of those seeking Plastic Surgery and to fully inform them of their options. In order to properly educate patients, anonymous before and after photographs are often shown in the office setting or in other instructional formats such as professional meetings, scientific symposiums, medical conferences or educational websites. Dr. Horton is often asked to show before and after photos of patients in the process of choosing a surgeon and evaluating specific procedures.

We are asking you to authorize the possible anonymous use of your photographs for this purpose by Dr. Horton in the office, in seminars, symposiums, conferences or health fairs for interested and prospective patients, and in professional publications in print or on the internet. All pictures will remain completely anonymous. Any breast or body contouring photos will not show the face and will be cropped to exclude any identifying features such as tattoos, birthmarks or jewelry.

Please sign below to authorize the possible anonymous use of your before and after photographs for educational and/or promotional purposes.

I, \_\_\_\_\_ (PRINT NAME), authorize the anonymous use of my photographs by Dr. Horton.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_