JPSC
JUPITER PLASTIC SURGERY CENTER

Robin A. Sykes, M.D.
2055 Military Trail, Suite 305
Jupiter, FL 33458

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