

BRENT R.W. MOELLEKEN, M.D., F.A.C.S.
120 SOUTH SPALDING DRIVE SUITE 340
BEVERLY HILLS, CA. 90212

CONSENT TO PHOTOGRAPH

The undersigned hereby authorizes the above named physician to photograph or permit other persons to photograph him/her and use these photographs for media purposes.

While under the care by the above named physician, the undersigned agrees that his/her photographs may be used, and permit other persons to use the negatives, prints, or motion picture film prepared for such purposes and in such a manner as may be deemed necessary.

(Please print first and last name)

(Signature of Patient)

(Date)

(Witness)