

DIGITAL IMAGING DISCLAIMER AND CONSENT FORM

Dr. Karen will show me proposed surgical alterations of my face/neck on an electronic imaging system.

I understand that the alteration of these images is purely for the purpose of illustration and discussion. I understand that the outcome of the surgical procedure and appearance of any scars is directly related to my individual healing characteristics.

I understand that because of the significant differences in how living tissues heal, there may be little similarity, if any, to the electronic images and my final surgical result. I understand that these images only represent a simulation of my possible surgical results and are a tool for discussion which do not guarantee any final result.

My signature certifies my understanding that there is no warranty expressed or implied as to my final appearance by the use of these electronically altered images.

Patient

Date

Witness

Date

Physician

Date