

**AESTHETIC SPECIALTY CENTRE**

**MARC E. YUNE, M.D.**

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**COMPUTERIZED FACIAL ANALYSIS**

Occasionally, more than one procedure may be necessary to achieve something similar to the results shown on the computer screen. Therefore, be advised that this service is provided for the purpose of illustration only, and no guarantees are made to the specific outcome of any surgical procedure. Any such warranties, expressed or implied, are hereby waived by the patient and indemnifies and holds harmless the physicians/staff.

**I AUTHORIZE AESTHETIC SPECIALTY CENTRE  
TO TAKE MY PRE AND POST-OP PICTURES**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

**PHOTOGRAPH RELEASE AGREEMENT**

I authorize Aesthetic Specialty Centre to use my before and after photographs and/or computer video imaging photographs in the following instance:

*(Please initial each line showing your permission).*

1. \_\_\_\_\_ In a slide presentation or a case study at a conference or a seminar to the general public. - *(Patient Name Is Never Used!)*
2. \_\_\_\_\_ In publications - *(Patient Name Is Never Used!)*
3. \_\_\_\_\_ I am willing to speak by telephone to other patients interested in plastic surgery.