

JAMES D WETHE MD  
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## **CONSENT FOR PHOTOGRAPHY**

I hereby give my permission for James D. Wethe, MD, or his staff to take necessary clinical pre-operative and post-operative photographs of me. I understand that such photographs are for confidential clinical records and that all photographs remain the property of the doctor.

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PATIENT

Occasionally, such photographs are used for teaching purposes and for ethical surgical publications for the advancement of surgical knowledge. In addition, they are occasionally used to give new patients an indication of the possible surgical results. I will permit the use of my photographs for the reasons stated above.

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PATIENT

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DATE

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WITNESS