

EAR MOLDING PHOTO CONSENT FORM

I, _____ grant permission to Dr. Guerra for the use of photograph(s) and/or electronic media images of my infant's ears taken before and after the ear molding procedure(s), for the purpose of education, awareness and marketing of the InfantEar™ molding system to other consumers, parents and/or doctors. I understand that Dr. Guerra will not disclose my child's name and that the photograph(s) and/or electronic media images will only focus on the ear(s) and not my child's complete face.

I understand that I may revoke this authorization at any time by notifying Dr. Guerra in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Name _____

Signature _____ **Date** _____
