



Patient Photograph Release Form

Patient's name _____

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before, during and after procedures. I release and discharge Tannan Plastic Surgery and Shruti C. Tannan, MD, its successors and assigns, and all parties acting under its license and authority, from any and all claims or actions that I have or may have relating to such use and publication and all rights that I may have in such information, photographs, electronic images, video footage and details ("Media") regarding medical services rendered me, including claim for payment in connection with any such user or publication.

I hereby give my consent for Tannan Plastic Surgery to use the Media for the purposes of my medical care with Tannan Plastic Surgery and for in-office photograph albums, print media, broadcast media and electronic media. My consent is subject to the condition that I am not identified by name at any time during any use or publication of these materials.

I certify that I have read the above authorization and release and fully understand its terms.

Patient Signature _____ Date _____

Witness Signature _____

Tannan Plastic Surgery

2709 Blue Ridge Rd #150, Raleigh, NC 27609

(919) 797-0996

www.tannanmd.com

info@tannanmd.com





Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ acknowledge that I have received a copy of Tannan Plastic Surgery's Notice of Privacy Practices. This notice describes how Tannan Plastic Surgery may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature of Patient

Date

Credit Card HIPAA Release

Tannan Plastic Surgery requires a signed release statement from you when a credit card is used to pay for a procedure. If there is ever a dispute with the credit card company regarding this transaction, they will need to have the ability to provide personal information to THAT bank or credit organization.

We value your privacy and will not release any protected health information to the credit card company unless those details are necessary to resolve a dispute.

Patient Signature

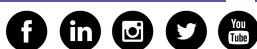
Date

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Patient Interest List

Welcome to Tannan Plastic Surgery! We are here to restore you to your most confident, brilliant self. Please **select the interests below** that you would like to discuss during your consult today.

- | | |
|---|--|
| <input type="radio"/> Botox/Filler | <input type="radio"/> Body Contouring |
| <input type="radio"/> Liposuction | <input type="radio"/> Facelift/Necklift |
| <input type="radio"/> Breast Augmentation | <input type="radio"/> Eyelid Surgery |
| <input type="radio"/> Breast Lift | <input type="radio"/> Brow Lift |
| <input type="radio"/> Breast Reduction | <input type="radio"/> Rhinoplasty |
| <input type="radio"/> Breast Reconstruction | <input type="radio"/> Lip Filler |
| <input type="radio"/> Tummy Tuck | <input type="radio"/> Fat Grafting |
| <input type="radio"/> Mommy Makeover | <input type="radio"/> Ear Surgery |
| <input type="radio"/> Brazilian Butt Lift | <input type="radio"/> Earlobe Repair |
| <input type="radio"/> Microneedling | <input type="radio"/> Revisionary Facial Surgery |
| <input type="radio"/> Avéli Cellulite Treatment | <input type="radio"/> Chemical Peel |
| <input type="radio"/> Submental (Neck) Lipo | <input type="radio"/> Advanced Skin Care |
| <input type="radio"/> Labiaplasty | <input type="radio"/> Other: _____ |

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