

PERMISSION TO USE STATEMENT

NAME:

I, _____ (“Patient”), hereby grant Dr. Usha Rajagopal, d/b/a San Francisco Plastic Surgery & Laser Center, A Medical Corporation (collectively labeled “Physician”), its successors and assigns, the permission to use the following statement (“Statement”):

The use of Statement will be limited to: (check all that apply)

- Medical purposes related to case
- Scientific purposes, including seminars and medical articles
- Digital or printed material for patients to read in our office(s)
- Digital or printed material to be included in newsletter to be sent to patients
- Digital or printed (downloadable) material to be included in our website
- Digital or printed (downloadable) material to be posted on one or more independent healthcare rating sites. Patient grants limited power of attorney to sfwebconsulting.com to post Statement on such sites.

In addition, in consideration for \$1, Patient exclusively and permanently assigns all Intellectual Property rights, including copyrights, to Physician for written and/or electronic version of Statement. This assignment shall be operative and effective as of the date in the signature line.

I also give permission to identify Statement in the following way: (check one)

- Full name
- Initials only
- Pseudonym
- No identifying name, initials, or pseudonym

Physician need not approach me again for authorization to use Statement unless the usage differs from that listed above.

If I ask Physician to terminate use of Statement, I will do so in writing and communicated to Physician, and recognize that it will likely take a reasonable time period to accomplish. For example, to remove such statement from a web site, Physician will need to coordinate with a webmaster. Third party websites have their own individual policies on editing; some may not even allow editing or removal.

Termination of permission to use the statement may have no effect on prior distribution- such as the case with printed journals. A published journal, for example, cannot be “recalled.”

I hold Physician harmless from any liability related to use of Statement for the purposes outlined above.

This assignment and authorization does not conflict with any existing commitment on my part.

I understand that Physician is not obligated to make use of its rights set forth herein.

Patient Signature _____ Date/Time _____

Witness Signature _____

Physician Signature _____