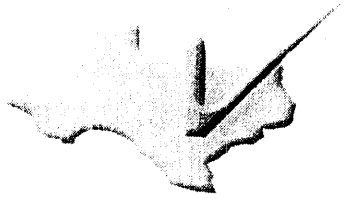

Texas Vein
& Cosmetic
Specialists

MICHAEL F. BARDWIL, M.D. F.A.C.S.
BOARD CERTIFIED VASCULAR AND GENERAL SURGERY

CONSENT TO PHOTOGRAPH

I, _____, hereby authorize Michael F. Bardwil, M.D. and his staff to take my photograph during the course of my treatment. The pictures and slides will be used for physician update/progress reporting and for educational purposes. I understand that my photograph will be kept in my chart of medical records in the office of Michael F. Bardwil, M.D. during my treatment. I also understand that upon my completion of care, my pictures and slides will remain in my chart of medical records.

_____ _____
Patient's signature Date

_____ _____
Witness Date