AHN POINT

WELLNESS
FACIAL PLASTIC SURGERY
AESTHETIC MEDICINE

Patient Name _____ DOB _____

## ELECTRONIC IMAGING DISCLAIMER

Dr. Min S. Ahn or staff will review proposed alterations to my photo image(s) on an electronic imaging system.

I understand that the alteration on the image(s) is purely for the purpose of illustration and discussion.

I understand the outcome of the surgical procedure and appearance of any scar(s) is directly related to my individual healing characteristics.

I understand that because of significant differences in how living tissue heals, there may be little similarity between the electronic images and my surgical result.

I certify my understanding that there is no warranty expressed or implied as to my final appearance by the use of these electronically altered images.

_____ _____/_____/_____
Patient Signature Date

_____/_____/_____
Date of Birth

_____ _____/_____/_____
Witness Signature Date

_____ _____/_____/_____
Provider Signature Date