



Lexington Plastic Surgery

Theo Gerstle, MD
715 Shaker Drive
Physicians Mall, Suite 100
Lexington, KY 40504

TEL: 859-277-9435
FAX: 859-277-8852

PATIENT CONSENT FOR MEDICAL PHOTOGRAPHY:

Theo Gerstle, MD

I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc.

The Board requires that all identifiable characteristics, with the exception of a full face photograph or photograph of a uniquely identifiable characteristic, be blanked out for submission of materials for the Oral Examination of The American Board of Plastic Surgery to protect patient privacy.

_____ Patient Signature