



Hansjörg Wyss Department of Plastic Surgery
305 East 33rd Street
New York, NY 10016

Patient Name: JEFFREY EPSTEIN

Date of Birth: 1-20-1953

Consent for Diagnostic & Treatment Photographs

I understand that photographs may be taken in connection with consultation, diagnostic testing, surgical procedures and treatments by the physicians of NYU Plastic Surgery, Drs. Daniel Ceradini, Roberto Flores, Alexes Hazen, Jamie Levine, Eduardo Rodriguez, Pierre Saadeh, Sheel Sharma, David Staffenberg, Vishal Thanik, and Barry Zide or the Nurse Practitioners Amanda Young, Kimberly Morrone, Whitney Saia and Nicole Sweeney. I understand that failure to consent to these photographs will give NYU Plastic Surgery the right to decline my treatment.

JEFFREY EPSTEIN
Print Patient/Guardian Name

Relationship to Patient

Patient/Guardian Signature

7-11-2018
Date

Email / Call Consent

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