



## Patient Photography Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am requesting:

\_\_\_\_ Pre-surgery Photograph

\_\_\_\_ Post-surgical Photograph

Please email the photo(s) to: \_\_\_\_\_

Please mail the photo(s) to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your photograph(s) will arrive in 1-2 weeks.

Thank you,  
Minnesota Ophthalmic Plastic Surgery Specialists, P.C.