

Physician Attestation

I, _____, am submitting this photograph/video for consideration for display on the Public Resources section of the American Society for Dermatologic Surgery website (*asds.net*). I attest that I have obtained written photographic authorization and release of responsibility from the patient in the photograph/video or from the legal guardian of the individual in the photograph/video.

I confirm that these photographs/video are owned by myself or my practice and that the photographs/videos are un-retouched.

Physician Signature

Date