



PHOTO AUTHORIZATION FOR WEBSITE QUESTIONNAIRE

Patient Age-

Patient Height ___ft___in/___cm

Patient Weight ___lbs/___kg

Children/How Many-

Patient Nursed Children- Yes__ No__

Size of Breasts Pre-Pregnancy-

Size of Breasts During Pregnancy/Nursing-

Bra Size Before Augmentation-

Bra Size After Augmentation –

I _____, authorize the use of my statistics to be posted with my before and after photos.

Patient Name

Patient Signature

Witness Name

Witness Signature
