**W. Bradford Brock, M.D., F.A.C.S.**

**Graylin Benusches, FNP-BC**

**Permission to Photograph:**

I give permission for myself to be photographed, videoed, and for media to be posted, printed, or used for publicity on websites, social media, advertisements, and flyers at the discretion of Brock Surgical Associates.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_