

THE SALAZAR LAW FRIM
A Professional Association
1408 South Andrews Avenue
Ft. Lauderdale, FL 33316
Telephone: (954) 467-1965 - Facsimile: (954) 467-1760

AUTHORIZATION AND RELEASE TO TAKE PHOTOGRAPHS

TO:

Re: Patient/Client: _____

Date of Injury: _____

Injury or Treatment: _____

PLEASE BE ADVISED THAT YOU ARE AUTHORIZED AND REQUESTED TO PERMIT ANY REPRESENTATIVE OF THE SALAZAR LAW FIRM, P.A. AT THE ABOVE ADDRESS TO TAKE ALL PHOTOGRAPHS DEEMED NECESSARY BY THEM OF MY PERSON AND/OR OF MEDICAL PROCEDURES, EQUIPMENT AND DEVICES BEING USED BY MY PHYSICIANS OR THE HOSPITAL OR THEIR MEDICAL FACILITY AS WELL AS ALL MOTOR VEHICLES AND PERSONAL PROPERTY.

DATE: _____