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## PHOTO RELEASE

I, \_\_\_\_\_ hereby grant James W. Douglas, MD, PA. permission to publish my child's/children's photographs on their website, [www.ivfplano.com](http://www.ivfplano.com). I understand that I have the right to request, in writing, removal of the photo(s) from the website. Upon request, James W. Douglas, MD, PA. will have 30 days from the receipt of this request to comply with my wishes.

Child's/Children's Name(s) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_