



**DR. ROBERT HOUSER**  
 COSMETIC & PLASTIC SURGERY  
 OF COLUMBUS, INC

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Diplomat, American Board of Plastic Surgery

Member, American Society of Plastic Surgeons

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I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Authorization and Release and fully understand its terms.

\_\_\_\_\_  
*Patient*

\_\_\_\_\_  
*Date*

WITNESS/PHYSICIAN: \_\_\_\_\_

I have read the above Authorization and Release. I am the parent, guardian or conservator of \_\_\_\_\_, a minor. I am authorized to sign this consent on his/her behalf and I grant this consent as a voluntary contribution in the interest of public education.

\_\_\_\_\_  
*Patient/Guardian*

\_\_\_\_\_  
*Date*



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