

KIM PATRICK MURRAY

MIAMI RHINOPLASTY SPECIALIST

ONLINE CONSULTATION AGREEMENT

The patient agrees to send payment of \$500.00 in exchange for photo simulation of rhinoplasty +/- chin implant and Dr. Murray's professional analysis. Both parties agree that this money would be counted towards any future surgery should one be scheduled at any point in the future.

Dr. Murray will perform an online consultation consisting of a maximum of 30 minutes of time either via video chat, telephone, or email. Prior to the conversation, Dr. Murray will perform computer simulation of your nose from images, which you will need to provide to us. These simulations must be finished prior to scheduling the consultation time. The patient is responsible for supplying accurate and quality photos as described below.

Along with your payment information (page 2) and a signed copy of this agreement, please send via email to drmurray@miamirhinoplastyspecialist.com the following 9 high resolution photos of your face with a featureless dark background: frontal with and without full smile, 3/4 view both sides, profile view both sides with and without smile, and base view. You can see examples on our website if you need any further guidance or we can guide you further.

Please note that selfies are not preferred as they can distort the face and especially the nose. It is much better to have someone else take the photos for you from about 5 feet, zoomed in on the face (neck up). Take caution with sending files via email that your email program does not compress them. It may be helpful to send them full size in multiple emails if needed. Accurate photos are important in order for you to get the most from the evaluation and Dr. Murray's analysis / recommendations.

By signing this agreement, the patient agrees to the terms and fees described above.

Patient Printed Name: _____

Patient Signature: _____ Date: _____

KIM PATRICK MURRAY

MIAMI RHINOPLASTY SPECIALIST

Date: _____

Credit Card Holder Name: _____

Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Amount: \$500.00 (non-refundable)

I agree to pay the above amount for online rhinoplasty consultation as detailed in page 1 of this document and according to the card issuer agreement.

Patient Signature