



| MEDICAL PHOTOGRAPHY CONSENT FORM | Affix label here | | | |
|--|----------------------|----------------|----|--|
| . • | | | | |
| PATIENT CONSENT | | | · | |
| 1 | | | | |
| Consent to medical images and/or video being made of me or my child/dependant. I agree that duplicates may be made for the referring doctor. | | | | |
| I agree that the images and results of my investigative tests may be: (please tick below to show consent) | | | | |
| placed in my medical record for future treatment | | YES | NO | |
| electronically emailed to my treating health professional | | YES | NO | |
| used by health professionals for education and training | | YES | NO | |
| used in paper or electronic health pubblications | | YES | NO | |
| By signing below, I confirm that I understand this consent form | | | | |
| Signature or patient/parent or Guardian: | | | | |
| | | | | |
| If Guardian, proof of status is required, e.g. Fan | nily Law Court Order | Date: | | |
| Signature of Doctor/Health Profesisonal: | | Date: | | |
| Proof of Guardian sighted by: | ٦ | Type of Proof: | | |
| Department use ony | | | | |
| Comments: | | | | |

| Name and signature of staff member: | Date: | |
|-------------------------------------|-------|--|
| | | |

Appointments

Berkshire Independent Hospital, Swallows Croft, Wensley Road, Reading RG16UZ

Tel: 01189 028109

Dunedin Hospital 16 Bath Road, Reading, Berkshire RG1 6NS

Tel: 01189 553486

Email: infoReading@giuseppesforza.com

Wellington Shoulder & Elbow Unit,

The Platinum Centre, Wellington Place, St John's Wood, London NW8 9LE

Highgate Hospital

17-19 View Road, Highgate, London N6 4DJ

Tel: 0207 4835406

Email: infoLondon@giuseppesforza.com