

Bruce P. Robinson MD
Rebecca Tamez MD
Diplomats American Academy of Dermatology
121 East 60th street, second Floor
New York, New York 10022
www.BruceRobinsonMD.com
(212) 7507121

Medical Photography Consent Form

PATIENT CONSENT

I,

First name

Last name

dob

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 may be:

(Please check below to show consent)

Yes No

placed in my medical record

____ _

used by health professionals for education and training

____ _

used in paper or electronic health publications

____ _

used in commercial broadcast

____ _

used in marketing materials

____ _

By signing below, I confirm that I understand this consent form.

Signature of Patient/Parent or Guardian

Date

Signature of Doctor/Health Professional/Staff

Date