

Consent for Clinical Photography

Patient name:

Practitioner: Dr Timothy Eldridge

I consent to having clinical photographs taken for the purpose of diagnosis and my clinical records.

I consent to these photographs being used for: (please tick)

- My confidential clinical records
- Practice materials to show treatments to other patients at the practice
- Practice marketing materials such as brochures, adverts and leaflets, which may be distributed outside of the practice
- Postgraduate continuing education courses

Signed by the patient:

Date: