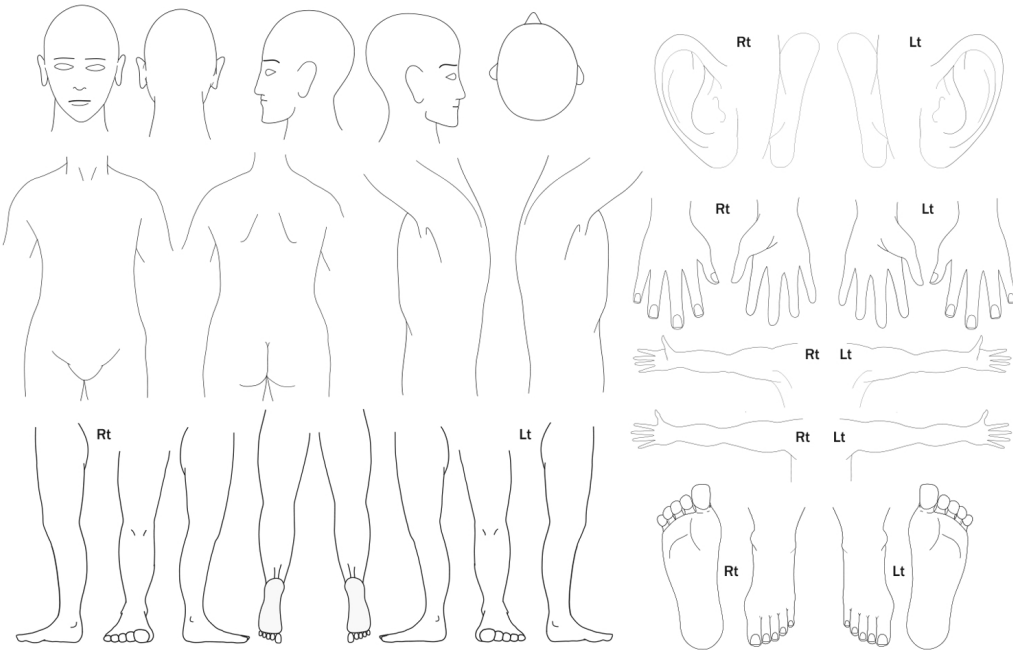


Date

Consultant



After the photo request below the patient can be directed to:

please tick

Immediate Reception Discharged

Lesion no.	Area	Locating view	Dermoscope	Patient copy

AFFIX PATIENT LABEL

Name

Hospital number

Date of birth

We adopt a policy in line with Data Protection Act 2018 which gives you the right to control the future use of photographs taken of you during the course of your medical treatment.

This consent limits the use to the purposes only specified by you the patient and should it be desired to use your photograph(s) in any other way, for example in a medical textbook or an online teaching resource, your specific permission will be sought to do so.

Please tick (ONE BOX ONLY) the consent you wish to provide

- A I consent to photographs being taken for my personal **medical records** or
- B I consent to photographs being made available for **medical records** and **teaching** in the healthcare context both in this Trust and other medical teaching establishments

SPECIAL REQUEST

- C I consent to my photographs being published for the specific listed purpose described below. **This consent does not extend** to any further publications / display without **my specific consent**. Please ensure the full address is included with the above patient details and that the specific publication is indicated below

Exact details of publication

.....

Clinician

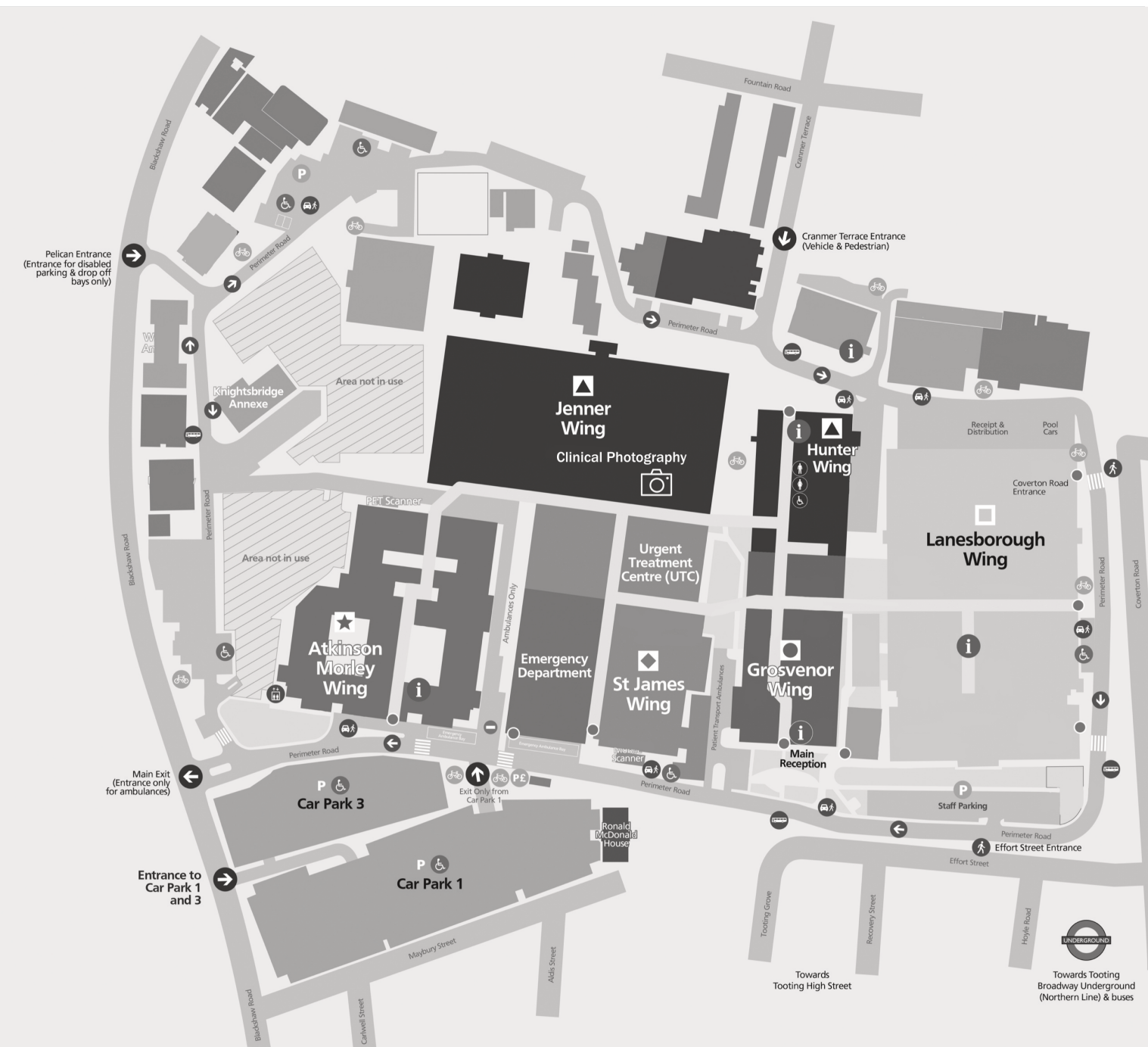
Department

Signature of Patient / Parent / Guardian

..... Date

Finding Clinical Photography

Clinical Photography is located in Digital Services Reception on the ground floor Jenner Wing



Photography times:

Monday to Friday 9:00am to 12.30pm
1.30pm to 4.45pm

Contact Photography:

Reception: 020 3897 2039
Photography: 020 3897 2042

Email: photography@sgul.ac.uk



Patients who require copies of their photographs can scan this QR code or apply online directly to :

<https://stgeorgesnhs.ams-sar.com>

Reprints of this form are available for free.
To order, please contact Photography.