

Informed patient consent to clinical photography

Clinical photographs play a key role in the education of medical and dental staff at all levels, and thus benefit future patients. The standard consent requested is therefore **Type B: Restricted educational use**. If you do not fully understand any of the below, please ask. If, in the future, you wish to withdraw this consent, you have the right to do so **at any time** by letting us know in writing. Your choice of consent level will not affect your treatment in any way.

Responsible Clinician's Name:

Signature: Date: .../.../....

To be filled out by patient or guardian

Consent type A: Open publication

I understand the images requested here are required for publication in a journal, textbook, as part of a display or information leaflet or on an open access web site, which may be seen by members of the general public as well as medical professionals. To this I give my consent. (If you do not fully understand any of the above, please ask.) Your choice of consent level will not affect your treatment in any way.

Signature: Date: .../.../....

Name of patient:

Name of signatory (if different): Status: patient/guardian/next of kin/other

Consent type B: Restricted educational use

I also understand that the illustrations requested here may be useful for the purposes of medical teaching and research and in view of the explanation given to me, I agree that the illustration may be shown to appropriate professional staff and included in a professionally assessed logbook. (If you do not fully understand any of the above, please ask.) Your choice of consent level will not affect your treatment in any way.

Signature: Date: .../.../....

Name of patient:

Name of signatory (if different): Status: patient/guardian/next of kin/other

Consent type C: Case notes only

I understand that the illustrations requested here, to which I have agreed, will form part of my confidential treatment records only. (If you do not fully understand any of the above, please ask.) Your choice of consent level will not affect your treatment in any way.

Signature: Date: .../.../....

Name of patient:

Name of signatory (if different): Status: patient/guardian/next of kin/other