

## CONSENT FOR USE OF PHOTOGRAPHS

Medical photographs are routinely obtained in order to help the surgeon plan the meticulous details of each operation. You may be photographed in the office as part of your initial consultation, and then at regular intervals. These pictures become an integrated part of your medical record and shall be the property of Daniel N. Ronel, MD, PC. Unless expressly noted below, they may be included in internet websites associated with the practice, photo albums for patient education, and presentations for medical educational purposes.

I hereby consent to be photographed by Dr. Ronel and/or his staff.

\_\_\_\_\_  
Patient name (print)

\_\_\_\_\_  
Signature of patient or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

Please initial if applicable:

\_\_\_\_\_ I DO NOT wish the photographs to be included in internet websites associated with Daniel N. Ronel, MD, PC.

\_\_\_\_\_ I DO NOT wish the photographs to be included in a photo album for patient education.

\_\_\_\_\_ I DO NOT wish the photographs to be used for medical education.