

# Medical Procedure Live Streaming Consent Form

## Patient Information

Full Name

Date of Birth

Email

## Procedure Details

Procedure Name

Procedure Date

## Live Streaming Consent

- ☐ I consent to the live streaming of my medical procedure.
- ☐ I understand the streaming is for educational purposes.
- ☐ I understand that my identity will be protected as much as possible.

## Patient Questions or Special Requests

## Signatures

Patient Signature

Date

Witness Signature

Date

