

Patient Media Usage Consent Form

Patient Information

Full Name

Date of Birth

Contact Number

Consent Details

I authorize the use of the following media (check all that apply):

☐

Photograph

☐

Video

☐

Audio Recording

Purpose of Use

I give my consent for media use in the following (check all that apply):

☐

Website

☐

Social Media

☐

Printed Materials

☐

Other

Terms & Conditions

Signature

Patient/Guardian Signature

Date

If signed by guardian, state relationship to patient