

PHOTO CONSENT

As you know, making decisions about having surgery can be both exciting and can also produce some anxiety. With your previous care, you have had excellent results, and I was hoping to be able to include your before and after photos in a collection for patients to look at to help them make a comfortable and informed decision about surgery. Confidentiality is very important to myself and my office, and I can assure you there would be absolutely no identifying information in the photos.

Patient Education

These photos are to be used for patient education. This may involve review during a consultation in the office, or in a patient specific area on the practice website. Again, there will be no identifying information associated with the photos.

I consent, Dr. Alex Seal, to the use of the material to inform and educate other patients to whom the images are relevant.

Patient Signature _____

Date _____

Thank you for the consideration with your photos, as I know new patients really appreciate as much information as possible to feel comfortable and excited about their surgical care.

Sincerely,



Alex Seal MD, FRCSC