

Patient Consent Form

I (name) _____,
hereby approve that my photos and specific relevant attached medical history
regarding: (Diagnose/procedure) _____
_____, may be used for an
International scientific publication and/or for web-based educational material and
any other publication on any other media.

The photos and medical history will be a part of an web-based surgical educational
platform named [PlastSurgeon](#).

All photos will be anonymised. I accept to be contacted in case there should be any
further questions regarding the above.

I may at any time withdraw my approval by writing.

Date: _____

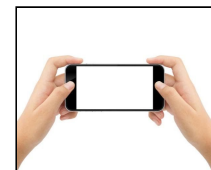
Signature: _____

Telephone number: _____

E-mail: _____

Instruction for surgeon

All photos must be taken at a standard **4:3 ratio**.
Take photos from the same angles and with good light.



Photos needed:

- Pre-operative - Without drawing (photo from archive may be used).
- Pre-operative - With drawing. Patient standing and laying supine.
- Peri-operative - Step-by-step of procedure. 5-10 photos needed.
- Post-operative - Immediately after closure.
- Follow-up - At 3, 6, 12 months if possible.