

Consent Form for Identifiable Photographs

Patient's consent for the publication of identifiable photographs in the **AJO**.

Subject of photograph: _____

I give my consent for this photo to appear in the **AJO** and associated publications.

I understand that:

My name will not be published.

The material may be published in the monthly print copy of the **AJO**, which has a circulation of about 12, 000 copies worldwide.

The material may also be placed on the **AJO**'s worldwide website. Both the printed version and the website are seen and read by doctors.

Signed _____ Date _____

Print Name _____

If you are not the patient, what is your relationship to them?

Witness _____ Date _____