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My name will not be published.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 _________________