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 PlastNurse.

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 nurse

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.