



Patient Consent for Medical Photography

Patient name: Angélica Simões Borges Date: 02/02/2018

I consent for medical photograph to be made of me. I consent for these photographs to be used in medical publications, including medical journals, textbooks, and electronic publications. I understand that the image may be seen by members of the general public, in addition to scientists and medical researchers that regularly use the publications in their professional education. Although these photographs will be used without identifying information such as my name, I understand that it is possible that someone may recognize me. By consenting to the medical photographs I understand that I will not receive payment from any part.

Signature:

Angélica Simões Borges

Witness:

Três vezes em nome de Deus