MEDICAL PHOTOGRAPHY REQUEST

MEDICAL PHOTOGRAPHY DEPARTMENT –VISUAL INFORMATION DIRECTORATE
NAVY MEDICINE SUPPORT COMMAND
8901 WISCONSIN AVE.
BETHESDA, MD 20889-5611
Phone: (301)295-1014 or e-mail: medphoto4@med.navy.mil

LOG NO – Lab use only

Security Classification – Lab use only

UNCLASSIFIED

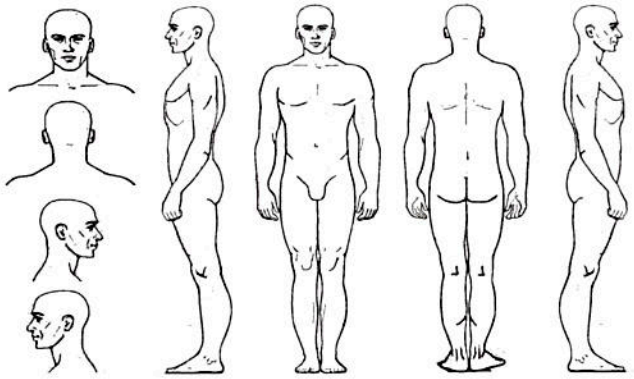
REQUESTER PRINTED NAME	SIGNATURE	TELEPHONE / PAGER

PATIENT INFO. – MATERIAL SUBMITTED – EVENT INFO.	DATE	START TIME	END TIME
	REQUESTING COMMAND		UIC:
E-MAIL (USE REVERSE IF NEEDED)	LOCATION (IF ON LOCATION)		

PRE-OP - POST-OP - MEDICO LEGAL (CIRCLE ONE)

- o FACE SERIES
- o NECK SERIES
- o EAR SERIES
- o EYE SERIES
- o NOSE SERIES
- o INTRA ORAL
- o BREAST SERIES
- o ABDOMINAL SERIES
- o MOLE SERIES
- o SERVICE RECORD PHOTO
- o PASSPORT / APPLICATION PHOTO

▶ FOR ANY PHOTOGRAPHIC SERIES NOT LISTED, SPECIFY WITHIN BOX.



▶ Please indicate areas to be photographed.

PATIENT CONSENT STATEMENT

IN ACCORDANCE WITH TITLE 10, US CODE & EXECUTIVE ORDER 9397, I HEREBY GIVE MY CONSENT FOR MEDICAL PHOTOGRAPHS TO BE TAKEN AS DESCRIBED ABOVE. I AM AWARE THAT THE PHOTOGRAPHS ARE FOR USE BY THE ATTENDING PHYSICIAN FOR INCLUSION IN MY MEDICAL RECORDS, EDUCATIONAL PURPOSES AND/OR POSSIBLE USE IN MEDICAL EXHIBITS, PUBLICATIONS OF MEDICAL KNOWLEDGE, AND LECTURES FOR THE TRAINING OF MEDICAL AND PARAMEDICAL PERSONNEL.

PATIENT PRINTED NAME	SIGNATURE	DATE
WITNESS PRINTED NAME	SIGNATURE	DATE
STAND-BY PRINTED NAME	SIGNATURE	DATE

FOR LAB USE ONLY

DATE	QTY	JOB DESCRIPTION	IMAGE HRS.
		IMAGES	
		IMAGES TO CANTO	
		IMAGES TO DISK	
		PRINTS	

ACCOUTING DATA		Final # Produced		Image Hrs.	
Date Completed		Photographer		Production Hrs.	
# Work Days		Technician		Q / A	

PRINTED NAME	SIGNATURE	DATE	DEPARTMENT

Date	Notes:

Baby's Information

Baby's Full Name: _____

Date of Birth: _____ Time of Birth: _____

Weight:_____ lbs:_____ oz.:_____ Length: _____

Parent's Consent for Photography

I authorize the photographers from Naval Medicine support Command, Medical Photography Department to photograph my child for the sole purpose of the e-baby program. Photographs may not be used for any other purpose without my written consent. I am fully aware that this service is provided at no charge and is not part of any other service offered by commerical vendors. Images will only be available via CD and I am not entitled to photographic prints.

Printed Name	Signature	Date
Witness Printed Name	Signature	Date

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Date	Signature