

If based in Raigmore, please contact the photographers on ext. 4240 between 9am-5pm on weekdays.

If "out of hours" or outwith Raigmore, a registered hospital camera and memory card can be utilised. All clinical photographs will now be viewable via the Medical Image Manager (MIM) database which is available via the intranet.

<p>Name Address CHI No DOB</p>	<div style="background-color: #ccc; padding: 10px; display: inline-block; transform: rotate(180deg);"> Please apply Patient's sticky label </div>
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Details of Request if using the clinical photographers in Medical Illustration. (BLOCK CAPITALS PLEASE)

Chaperone present:
 Yes No

For Tissue Viability (please tick)

Prints Required TP no.
 (must be supplied)

Hospital/Location:

Department:	Consultant/Clinician:
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Clinical Diagnosis (BLOCK CAPITALS)

Date _____
 Signature _____

Photo Index No.

(For office use only)

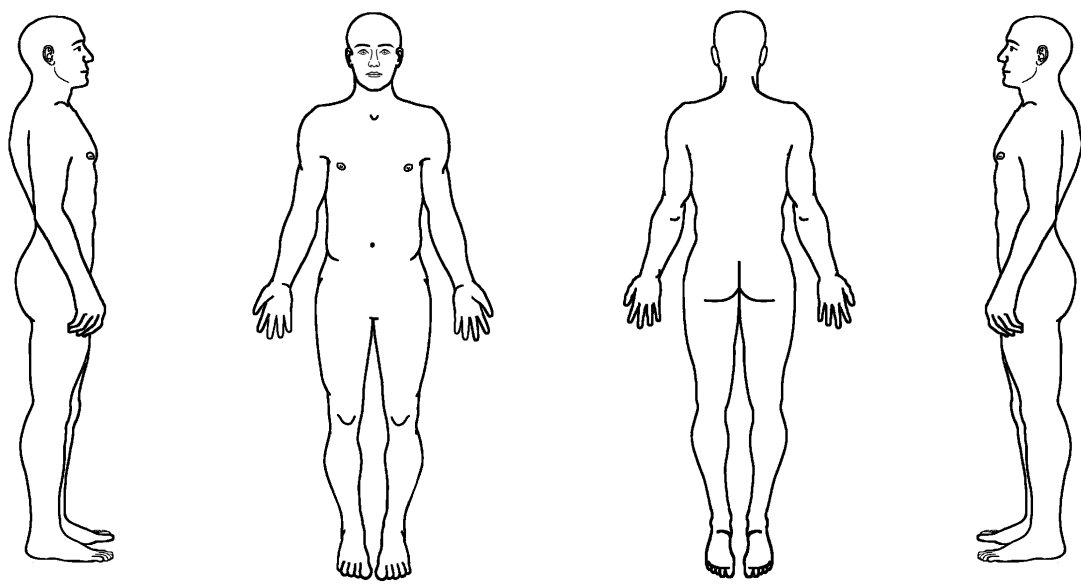
Purpose of Photography
 All images taken in NHS Highland are stored in a secure image database; only authorised Staff have access to this system.

Please tick one box		Agree	Disagree
Records:	I consent to my images being taken for my personal health records.	<input type="checkbox"/>	<input type="checkbox"/>
Teaching:	I consent to my images being made available for healthcare teaching of staff and students.	<input type="checkbox"/>	<input type="checkbox"/>
Publication:	I am happy to be contacted to give written consent if my images are requested for medical publications. A separate form will need to be signed for each specific publication.	<input type="checkbox"/>	<input type="checkbox"/>
Patient to Patient:	I also consent to the use of my images to be shown to other patients as an example of pre/post clinical/surgical procedures.	<input type="checkbox"/>	<input type="checkbox"/>

I agree to have photographs taken for the above marked purpose and note that my permission will be sought if the pictures are to be used for any other purpose.

Patient's Signature

Please indicate area photographed



For Departmental use: Photographer