

## **Consent for Photographs & Digital Imaging**

Ronald G. Zelt, MD

Photographs will be taken of you or parts of your body during your office consultation with Dr. Zelt. They will be used for preoperative planning, teaching and to keep records of your care.

I hereby consent that clinical photographs or digital imaging may be taken of me, or parts of my body, under the following conditions:

- The photographs will be taken by Dr. Zelt and safe-guarded in the offices of Ronald G. Zelt, MD, Inc.
- The photographs or digital imaging shall be used for medical record purposes.
- Occasionally photos may be chosen as examples on one of Dr. Zelt's websites or for educational purposes visible by people other than myself. Under these conditions, all recognizable indicators such as tattoos, piercings, etc will be electronically removed prior to posting the photos or digital images. Under no circumstances will my face be visible in these photographs unless I have given my consent (completed separately).

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Ronald G. Zelt MD

Patient's Signature

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Date

Date