



Bradenton Location
6815 14th Street West, Suite 204
Bradenton, FL 34207
(941) 758-7300

Sarasota Location
2325 South Tamaki Trail
Sarasota, FL 34239
(941) 758-7300

CONSENT FOR TAKING PHOTOTGRAPH

Patient Name: _____

Date: _____

In connection with the medical services that I am receiving from Pain Medicine Institute, I consent that a photograph may be taken of me under the following conditions:

1. The photograph may be taken only with the consent of my physician and under such conditions and at such times as may be approved by him.
2. The photograph shall be taken by my physician or his staff.
3. The photograph shall be used only for my medical records.

Patient Signature _____

Date _____

Witnessed by _____

Date _____