

Roderick B. Jordan, M.D.



Permit for Clinical Photography

Division of Plastic Surgery
MetroHealth Medical Center

As part of your medical record, photographs may be requested by your physician to document your condition before, during, and after surgery. Photographs are a key part of surgical planning. Many insurance companies require submission of patient photographs to their Medical Review boards to pre-determine coverage of certain requested procedures. Photographs will not be used for publication without your additional written consent.

PERMISSION FOR PATIENT PHOTOGRAPHY

I give permission to Roderick B. Jordan, M.D., a member of the Division of Plastic Surgery at MetroHealth Medical Center to obtain photographs of _____ for the purpose of documentation of medical conditions before, during, and after treatment. I authorize Dr. Jordan to provide this photographic documentation to my designated third-party payer for pre-determination of benefit coverage for requested surgical procedure(s) or other therapeutic interventions.

SIGNATURE OF PATIENT

____/____/____
DATE

SIGNATURE OF PARENT OR GUARDIAN / RELATIONSHIP TO PATIENT

____/____/____
DATE

SIGNATURE OF PHYSICIAN OBTAINING PERMIT

____/____/____
DATE