Orthotics & Prosthetics East Inc.

1025 W.H. Smith Blvd., Suite 108
Greenville, NC 27834
Phone (252) 215-2215
Fax (252) 215-2216

PHOTOGRAPHIC/ VIDEO CONSENT FORM

PATIENT NAME _____ DATE _____

I (or) _____ authorize and ratify any photographing or filming of myself (or of the above named patient) by **Orthotics & Prosthetics East Inc.** for marketing and educational purposes. Photographs may be used for visual presentations in physician, medical student, and ancillary health educational training programs; incorporated with the patient's medical record for documentation of care; used in conjunction with articles in medical or scientific publications; and/or used in any of our offices marketing materials. (Marketing materials include, but are not limited to, Facebook, www.oandpeast.com and brochures)

I hereby certify that I have read and fully understand the above provisions.

_____
Patient Name

_____
Witness

_____
Date

If patient is a minor or is unable to consent, complete the following:

The patient is unable to consent because

(A) the patient is a minor __ year(s) of age or

(B) other reason _____.

The undersigned (acting on behalf of all parents and guardians), certifies that the undersigned is a parent or legal guardian and has full and complete authority from said patient's other parent or legal guardian(s) to give the above consent and make the representations hereunder on their behalf.

_____ _____ _____
Signature of Parent or Guardian Witness Date