

Sree Chitra Tirunal Institute for Medical Sciences & Technology



Medical Illustration

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Log No

Request for Art work/CD writing / Image Scan/ LCD / Photography / Posters / Slides

Name & Signature of Requester.....

Designation & Department.....

Sign. of Consultant.....Sign of HOD.....Date.....

Name & Age (Patient).....

Hospital No :Location (ward / op/ icu / ot).....

Detailed specification of photograph

Patient's Consent Statement

I hereby give my / my child / mother / father / husband / wife's consent for medical photographs to be taken as described above. I am aware that the photographs are for use by the attending consultant for inclusion in medical records/ educational purpose and / or possible use in medical exhibits publication or medical knowledge, and lectures for the training of medical and paramedical personnel

Name & Signature (patient).....

Name & Signature (Bystander).....

Specify the details of :

Artwork / Image scanning or editing / Posters / Seminar / Slides