

# Consent Form for Medical Imaging

(Photographs and/or Video)

Medigarments Ltd

DESIGNED AROUND YOU

Date: \_\_\_\_\_ I, (name in full) \_\_\_\_\_

Hereby consent for medical imaging (photographs and/or video) to be made of:

Models Name: \_\_\_\_\_

me  my child  the person for whom I am the legal guardian of.

I understand that the information may be used in my/their medical record, for purposes of medical teaching at Medigarments Ltd, or for publication in medical textbooks or journals as I have designated below or medical garment trials. By consenting to this medical imaging I understand that I/we will not receive payment from any party.

Refusal to consent to photographs, video, and/or audio recording will in no way affect the medical care/garment I/they will receive. If I have any questions or wish to withdraw my consent in the future I may contact the staff at Medigarments Ltd. By signing this form below, I confirm that this consent form has been explained to me in terms which I understand.

## 1. Garment Provision

I consent to the use of my/their image for the design and provision of my/their medical garment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. Teaching Purposes

I consent to the use of my/their image for teaching purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Medical Publications and Trials

I consent to the use of my/their image in medical publications, including medical journals, textbooks, electronic publications and medical garment trials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Website and Social Media

I consent to the use of my/their image for Medigarments Ltd's website and social media channels.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. Anonymity (if required)

I do require my/their face to be antonymous (hidden) in all imagery where possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_