Medical Illustration Request Form. Telephone: 0113 392 8115

The Leeds Teaching Hospitals NHS
NHS Trust

Attach sticker here

Surname: .... Sex: M / F

Forenames: ....

Address: ....

....

Date of Birth: .... NHS No: ....

Diagnosis & description,
to be indicated on the maps below of the areas to be photographed:

Scoliosis / Kyphosis

Preop / post-op .... months

Imaging modality: [X] Photograph [ ] Dermoscopy [ ] Video [X] Surface Topography

Consultant: *(Block Capitals)* Khan

Views required: *(Optional)* [ ] Anterior [ ] Posterior [ ] L Lateral [ ] L Medial [ ] R Lateral [ ] R Medial [ ] L 3/4 [ ] R 3/4 [ ] INF [ ] SUP [ ] Full length

Scoliosis Photographs and surface topography

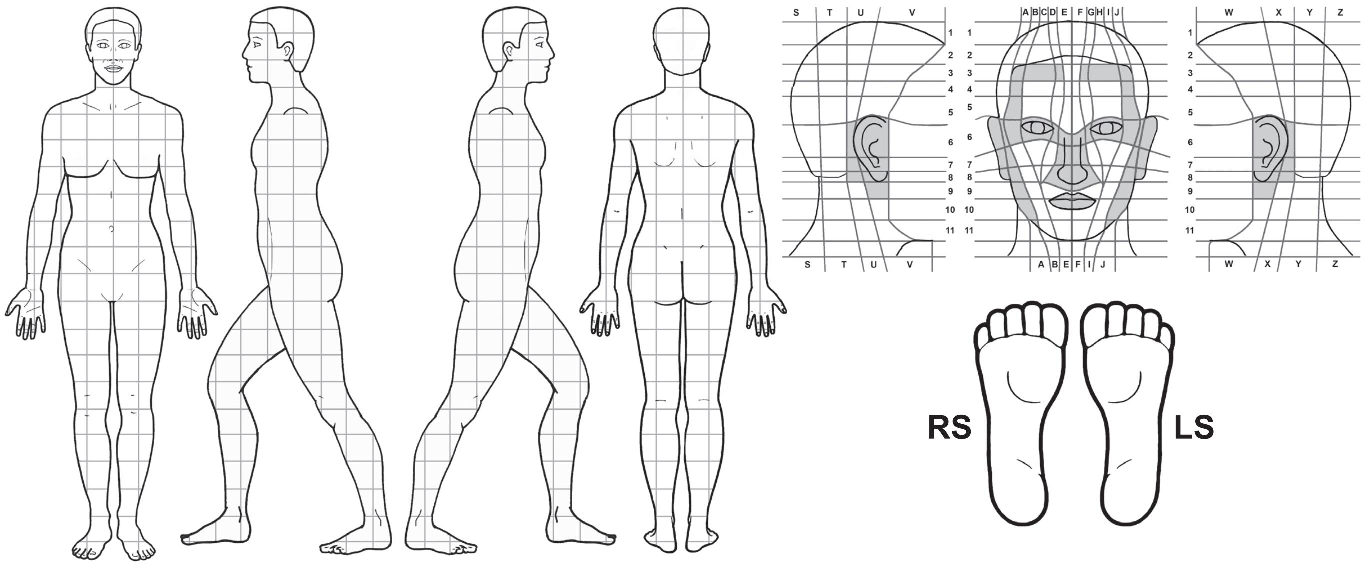
To be taken in: [X] Studio [ ] Ward (Number) .... [ ] Clinic [ ] TH

Site: [X] LGI [ ] SJUH [ ] CAH [ ] WGH [ ] SCH

Has the patient been photographed previously?
[ ] Yes [ ] No [X] Unsure

Delivery method: **All images are uploaded to the Medical Image Manager**
(For access: https://waba.leedsth.nhs.uk:9004/medical)
[X] Copy to patient

Please indicate which area needs to be to photographed



Consent to Medical Illustration

Purpose for which material is required: [X] Patient Record [X] Education and Research (within a clinical setting) [ ] Publication...................................... (or other uses. Please specify)

I understand that the Medical Illustration to which I have agreed may form part of my confidential treatment records.
I also understand that they may be used for:

- The purpose of medical teaching by the Leeds Teaching Hospitals NHS Trust.
- The purpose of medical research. However, if they are to be used for research by someone who is not involved in my healthcare, I will be asked for permission.

In view of the explanation given to me, I agree that the photographs/scans/videos may be shown to appropriate staff. If any photograph/scan/video is subsequently required for publication, I understand that my consent to that publication will be specifically sought.

Patient *(or Parent/Guardian)*: Name: .... Date: .... Signed: ....

Requesting Doctor: Name: A. L. Khan Date: .... Signed: ....

Requesting Doctors: Bleep: Via switch Telephone Number: ....

Chaperone *(if present)*: Name: .... Date: .... Signed: ....

Photographer's Use

Date: .... Time: .... Lens: .... F Stop: .... Shutter: ....

Operator: .... Camera: .... Exposures: ....

Designed by Medical Illustration Services, The Leeds Teaching Hospitals NHS Trust. Job Ref: 20150731_001/MH