



**Jonesboro Prosthetic & Orthotic Laboratory**  
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**Board Certified Specialists in Limb Prosthetics, Orthopedic Braces & Prescription Footwear**

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## **Consent to Photograph, Video and Use**

I understand the photographs and/or videos taken of me shall be used for medical record and for purposes which my health care professional may deem proper in the interest of medical education, knowledge, or research.

I understand the photographs/videos may be provided to my insurance carrier(s) as part of my medical record submitted for reimbursement.

I release and hold harmless the clinic, staff and consultants from any liability in connection with the use of such materials.

I understand that the foregoing consent is subject to the following limitation:

Under no circumstances will any such photographs/videos provided for educational purposes contain my name unless voluntarily disclosed by me.

\_\_\_\_\_  
Signature of patient (or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient if applicable

*Members of the American Orthotic & Prosthetic Association, and the Pedorthic Footwear Association*



*Practitioners Certified by the American Board for Certification, and by the Board for Certification in Pedorthics*

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