



Sunrise Women's Healthcare
4540 East Baseline Road - Suite 114
Mesa, Arizona 85206

CONSENT TO PHOTOGRAPH

The undersigned hereby authorizes Sunrise Women's Healthcare to photograph

_____ and agrees

Name of Patient:

that the negatives or prints be stored in the patient's medical record. These photographs will be released only when the undersigned gives permission to release the medical records, or in case of a court order. The undersigned does not authorize any other use to be made of these photographs.

Date:

Signature of Patient or Legal Guardian