



# *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 the patient indicated below.

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Name of Patient

We agree that the negatives or prints will 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 the case of a court order. The undersigned does not authorize any other use to be made of these photographs.

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Signature of Patient or Legal Guardian

Date