

Hunter Foot & Ankle Associates, PLLC  
1600 Coit Rd. Suite 210  
Plano, TX 75075  
972-877-3939

**Consent for Photography, Videotaping, or Other Imaging  
for Media or Educational Purposes**

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

I give my consent to have photographs, videotaped images, or other images made of [myself or patient's name]. I understand and agree that these images may be used by [name of practice] for the purpose outlined below.

\_\_\_\_\_ Teaching purposes, which includes being shown to other patients.

\_\_\_\_\_ Advertisements by [name of practice]

\_\_\_\_\_ Placement on [name of practice]'s website

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Signature of patient/legal representative

\_\_\_\_\_  
If legal representative, relationship to patient

\_\_\_\_\_  
Date