

**Florida Foot & Ankle Associates, LLC
Drs Cantor & Hochman, LLC**



Diplomates American Board of Podiatric Surgery *
Fellows American College of Foot & Ankle Surgeons*
Board Qualified in Reconstructive Rearfoot and Ankle Surgery **

David K. Cantor, DPM, FACFAS *
Richard Hochman, DPM, FACFAS*
Elbys Era DPM **

Consent for Photographs / Films / Video

I authorize _____, DPM, and associates or assistants of his choice, to photograph/film/video the
treatment site for record purposes on _____.
(Patient Name)

Patient to initial appropriate blanks:

____ Details of the photographing/filming/videotaping have been explained to me in terms I understand.

____ I understand that the photos, films or videos are the property of the above mention doctor and that, upon request with my signature, I may obtain a copy.

____ I agree and authorized the use of the photos, film, or video for teaching purposes, which includes their being shown to other patients. I am aware that my name and identity WILL NOT be disclosed.

____ I DO NOT authorized the use of the photos, film, or video for teaching purposes

____ I agree and authorized the use of the photos, film, or video in the advertisements of the above-mentioned physician, including placement of photos, film, or video on his professional Web site. I am aware that my name and identity WILL NOT be disclosed.

____ I DO NOT authorized the use of the photos, film, or video for advertising or placement on any Web site.

____ The doctor, associates and assistants have answered all of my questions to my satisfaction.

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature.

Signature of patient or Legal Representative

date

If Legal Representative, relationship to patient

Name of Patient or Legal representative

Name of Witness

I certify that I have explained the nature and purpose of the proposed photographs/films/videos to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient / legal representative (circle one) fully understands what I have explained.

Physician Signature

Date

____ copy given to patient

____ original place in chart

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