



Mole Photography Request Form

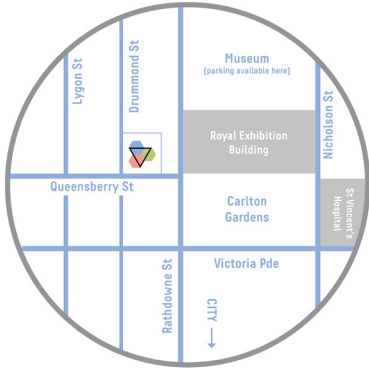
ATTACH PATIENT LABEL HERE

Surname:

UR#:

Skin Health Institute

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 f: +61 3 96393575
 photography@skinhealthinstitute.org.au
 www.skinhealthinstitute.org.au



Requesting Doctor: _____

Doctor's Practice: _____

Practice Contact Number: _____

OFFICE USE ONLY				
Date prints sent: _____				
By: _____				
<input type="checkbox"/> Amount paid - \$ _____				

Request (please tick)

- Standard Set** - 22 views - \$320
- Half Set Upper** - \$160
- Half Set Lower** - \$160

Please note that the cost incurred for medical photography is **NOT** claimable through Medicare.

Additional views: (please specify)

Dermoscopy views (please specify clearly, preferably with smartphone reference images):

INSTRUCTIONS ON THE DAY

Please wear brief underwear that does not obstruct too much skin surface. No make-up should be worn and long hair should be tied back.

I consent to the above photographs being taken by the medical photographer at the Skin Health Institute for the purpose of aiding in my diagnosis and treatment.

Patient name (printed): _____ DOB: _____

Patient address: _____

Patient signature: _____ Date: _____