

Patient Name: .....

Mobile: .....

**Skin Health Institute**

Level 1, 80 Drummond St Carlton VIC 3053

t: +61 3 9623 9404

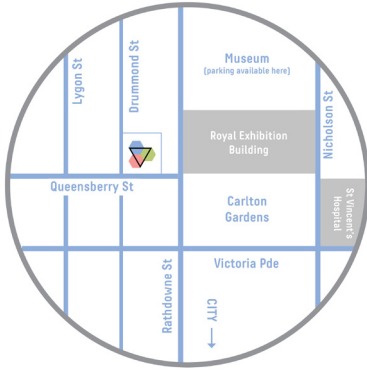
f: +61 3 9639 3575


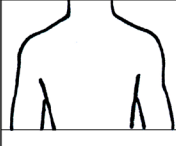
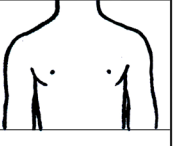



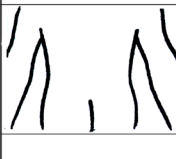
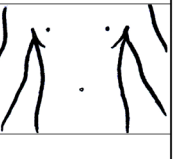
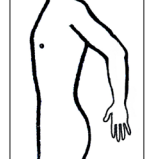
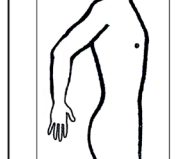

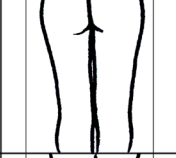
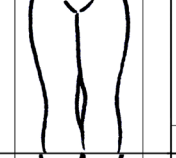


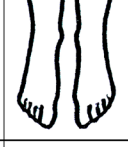
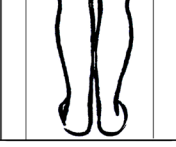
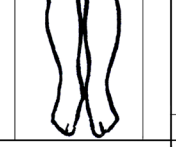
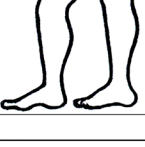
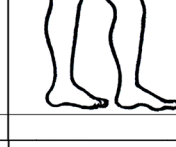
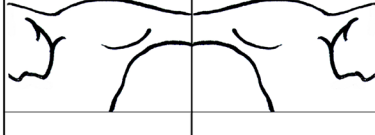
photography@skinhealthinstitute.org.au

www.skinhealthinstitute.org.au

Requesting Doctor: \_\_\_\_\_

Doctor's Practice: \_\_\_\_\_



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

**Standard Full Body Set (22 views)**

Prints & digital - \$350

Digital only - \$250

**Half Set Upper/Lower**

Prints & digital - \$200

Digital only - \$150

Additional views (please specify): \_\_\_\_\_

Dermoscopy views (please specify, preferably with **smartphone reference images**): \_\_\_\_\_

**INFORMATION FOR PATIENTS**

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

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: \_\_\_\_\_

Mobile: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_