



# Scalp Photography Request Form

## Skin Health Institute

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photography@skinhealthinstitute.org.au

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Patient Name:

Diagnosis:

### Areas to photograph (please tick)

#### Standard views

- Frontal (centre-parted)
- Crown
- Temporal

#### Additional views

- L and R sides
- Forehead
- Occipital

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:

Mobile:

Address:

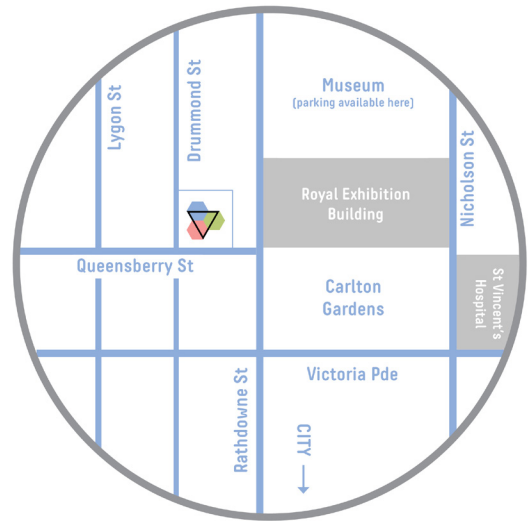
Patient signature:

Date:

ATTACH PATIENT LABEL HERE

Patient Name: .....

Mobile: .....



Requesting Doctor:

Doctor's Practice:

Practice Contact Number:

Additional views or notes:

Cost

**\$80** - USB supplied

**\$60** (conc./pension) - USB supplied

Skin Health Institute Patient

Images uploaded to file only

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