



# MEDICAL PHOTOGRAPHY REQUEST

MEDICAL PHOTOGRAPHY DEPARTMENT – VISUAL INFORMATION DIRECTORATE  
 NAVAL MEDICAL EDUCATION & TRAINING COMMAND  
 8901 WISCONSIN AVE.  
 BETHESDA, MD 20889-5611  
 Phone: (301)295-1014 or e-mail: medphoto@nmetc.med.navy.mil

LOG NO – Lab use only

Security Classification – Lab use only

SIGNATURE OF REQUESTER

PRINTED NAME

TELEPHONE / PAGER

PATIENT INFO. – MATERIAL SUBMITTED – EVENT INFO.

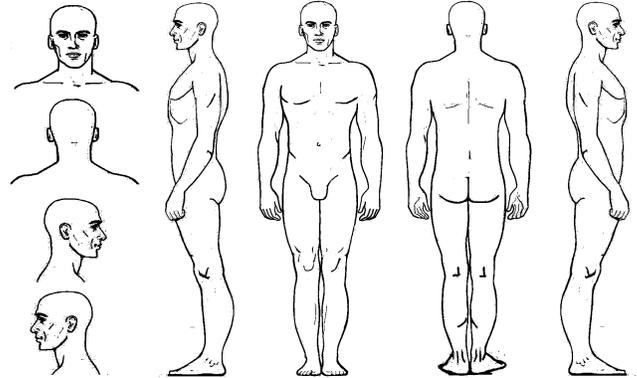
REQUESTING COMMAND

UIC:

DATE/TIME

LOCATION (IF ON LOCATION)

- PRE-OP
- POST-OP
- INTRA-OP
- SPECIMEN
- BREAST SERIES
- THIGH/LEG SERIES
- ABD. SERIES
- FACIAL SERIES
- FACE/NECK SERIES
- EYE SERIES – w/HAIRLINE
- EYE SERIES – wo/HAIRLINE
- NOSE SERIES
- MOLE SERIES
- OTHER – BE SPECIFIC



### PATIENT CONSENT STATEMENT

IN ACCORDANCE WITH TITLE 10, US CODE & EXECUTIVE ORDER 9397, I HEREBY GIVE MY CONSENT FOR MEDICAL PHOTOGRAPHS TO BE TAKEN AS DESCRIBED ABOVE. I AM AWARE THAT THE PHOTOGRAPHS ARE FOR USE BY THE ATTENDING PHYSICIAN FOR INCLUSION IN MY MEDICAL RECORDS, EDUCATIONAL PURPOSES AND/OR POSSIBLE USE IN MEDICAL EXHIBITS, PUBLICATIONS OF MEDICAL KNOWLEDGE, AND LECTURES FOR THE TRAINING OF MEDICAL AND PARAMEDICAL PERSONNEL.

PATIENT SIGNATURE	PRINTED NAME	DATE
WITNESS SIGNATURE	PRINTED NAME	DATE
STAND-BY SIGNATURE	PRINTED NAME	DATE

### FILM PROCESSING

- SLIDES (PROCESS E-6): PROCESS AND MOUNT x \_\_\_\_ ROLLS  NEGATIVE (PROCESS C-41): PROCESS x \_\_\_\_ ROLLS
- PROOFS**
- 35MM PROOFS (4x6)  120MM PROOFS (4x5)  CONTACT SHEET
- REPRINTS – FROM NEGATIVES**
- COLOR  BLACK AND WHITE  FOR PUBLICATION
- No. of VIEWS REQ'D = \_\_\_\_ No. of PRINTS EACH VIEW = \_\_\_\_  4x5  4x6  5x7  5x8  8x10  OTHER \_\_\_\_x\_\_\_\_

### DIGITAL SERVICES

- MATERIAL SUBMITTED:  SLIDES  NEGATIVES  DISK(S)  FLAT COPY (LIST ON BACK)  DIAGNOSTIC IMAGES
- To Print:  Color  Black and White  For Publication (Provide Publishers Requirements)
- No. of VIEWS REQ'D = \_\_\_\_ No. of PRINTS EACH VIEW = \_\_\_\_  4x5  4x6  5x7  5x8  8x10  OTHER \_\_\_\_x\_\_\_\_
- Table Clinic: No. of Views Req'd = \_\_\_\_ (Images scanned at 200 DPI and saved as .PSD – ONE Proof print provided)
- Saved to Disk: Resolution \_\_\_\_ DPI File Type:  .jpg  .tif  .psd  HTML (For Web)  Other \_\_\_\_

Film Twin Tabs

Material Twin Tabs

Received by

Printed Name

Date Received

Department

