

**Joseph G. Magnant, M.D., F.A.C.S.**  
**1510 Royal Palm Square Blvd. Suite 101**  
**Fort Meyers, FL 33919**  
**Tele: 239-694-VEIN (8346) Fax: 239-936-6272**



## **Photograph Consent**

I agree to have Dr. Magnant or his assistants take photographs of my legs and my face for medical records purposes. These photographs will be held in confidentiality according to HIPPA regulations. Photographs of my name and face will not be used in the future for any publication. I do consent to the future use of my leg photographs, both before and after proposed procedures, at Dr. Magnant's discretion for the purpose of presentation, insurance authorization, and patient and physician education.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name