

Dr Con Pappas

SKIN CANCER MEDICINE & SURGERY

MB BS (Hons)

Master of Medicine (Skin Cancer)

FSCCA, FACRRM



UNIVERSITY
OF WOLLONGONG
AUSTRALIA



ACCREDITED
DOCTOR
SKIN CANCER
COLLEGE
AUSTRALASIA

Consent for Photographic Imaging for Dr Con Pappas - Legal Guardian Giving Consent

I,

Guardian First Name _____

Guardian Last Name _____

am the Parent/Legal Guardian of

Patient First Name _____

Patient Last Name _____

give consent for photographic imaging to be taken for my guardian's records and/or may be used
for medical educational use.

Signature _____

Witness Signature _____

Date _____