

Skin & Cancer Foundation Inc.
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Carlton VIC 3053

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photography@skincancer.asn.au

http://www.skincancer.asn.au



Office use only

Prints sent:

By whom:

Account paid:

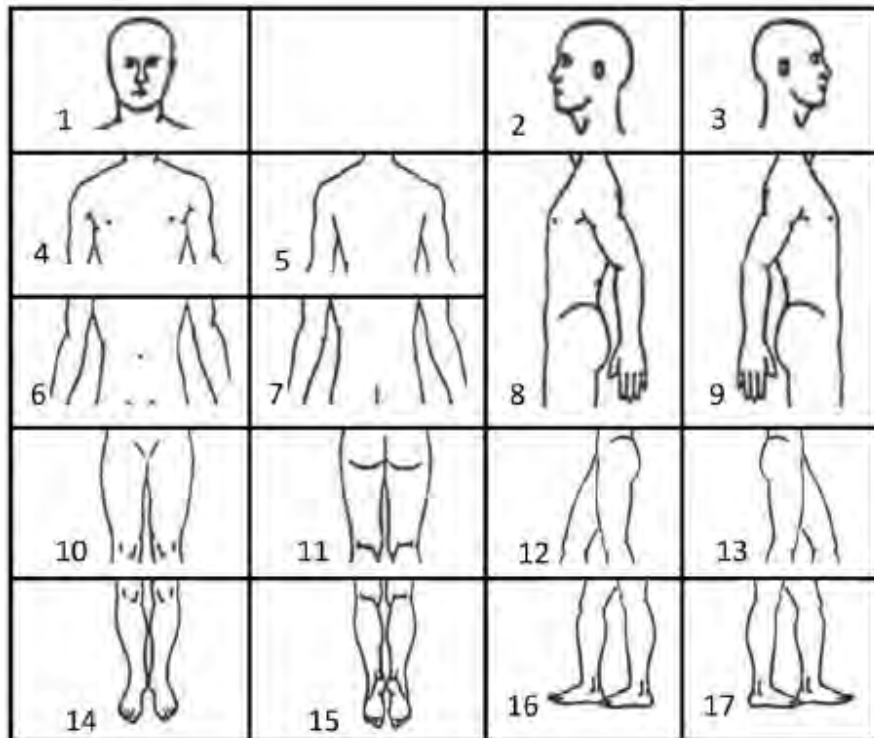
Referring Doctor:

Request: (please tick)

- Standard Set - 17 views - \$320
- Half Set Upper - views 1-9 - \$160
- Half Set Lower - views 10-17 - \$160

Additional views: (please specify)

Dermoscopy views: (please specify)



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

I confirm that I have been requested by the above doctor to have photographs taken by the medical photographer at the Skin and Cancer Foundation to aid in my diagnosis and treatment. I consent to the taking and use of these photographs for such purpose.

Patient Signature: _____ Date: _____

Patient name (printed): _____ DOB: _____

Patient address: _____

Please wear brief, neutral coloured underwear, which does not obstruct too much skin surface. Minimal or no make-up should be worn and long hair should tied back.