

Skin & Cancer Foundation Inc.  
Level 1, 80 Drummond Street  
Carlton VIC 3053

Phone: (03) 9623 9404

Fax: (03) 9639 3575

photography@skincancer.asn.au

http://www.skincancer.asn.au



Patient Name:

\_\_\_\_\_

Diagnosis:

\_\_\_\_\_

Areas to photograph (please tick)

Standard views

Additional views

- |  |  |
|--|--|
| <input type="checkbox"/> Frontal         | <input type="checkbox"/> Temporal      |
| <input type="checkbox"/> (centre-parted) | <input type="checkbox"/> L and R sides |
| <input type="checkbox"/> and crown       | <input type="checkbox"/> Forehead      |
|  | <input type="checkbox"/> Occipital     |

Referring Doctor:

\_\_\_\_\_

Doctor email address for photos, if requested:

\_\_\_\_\_

Additional views or notes:

\_\_\_\_\_

\_\_\_\_\_

Cost

**\$60** – CD supplied

**\$40** (conc./pension) – CD supplied

**SCF Patient**

Images uploaded to file only

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: \_\_\_\_\_

\_\_\_\_\_