



UNIVERSITY OF CALIFORNIA, SAN DIEGO
MEDICAL CENTER

MRN: 22542849
Choate, James
Michael
DOB/ Sex: 3/27/1946
(68 yrs), M
Svc: Cohen, Philip R.
Ref: REFERRING MD,
UNKNOWN PCP OR
Medicare A & B
DEP: UPC Derm
DOS: 9/2/2014
ENC#: 632919
CSN: 66003422076
PCP: Huang, Victor
Uhc Unlisted Ppo

CONSENT AND RELEASE FOR MEDICAL PHOTOGRAPHING

I, James Michael Choate, do hereby authorize UCSD Medical Center and the attending physician, to photograph or permit other persons to photograph

James M. Choate
name

while I/he/she is under the care of the hospital.

I authorize the Medical Center and physician to use such pictures for diagnostic, teaching, or research purposes. I understand that every effort will be made to minimize the possibility of my being identified, but that in some instances such identification cannot be avoided. I also understand that for teaching purposes my photographs may be shown to health care personnel not directly involved in my case.

I agree not to hold The Regents of the University of California, its officers, agents, and employees responsible for any liability resulting from the taking, publication and release of such photographs.

James M. Choate
Patient's Signature

9/2/14
Date

Witness (Medical Center representative)

If the patient is an unemancipated minor or unable to sign, complete the following:

☐ Patient is an unemancipated minor ☐ Patient is unable to sign because

Parent or Legal Representative

Witness (Medical Center representative)

Date