

From: Cohen, Philip prcohen@ucsd.edu
Subject: reticulate hyperpigmentation from Taxol
Date: March 21, 2016 at 10:40 PM
To: Cohen, Philip prcohen@ucsd.edu, mitehead@gmail.com

Printed on 3/21/2016 10:34 PM

Page 1 of 1

MATIAS, EMILIE MAGAT Scan on 3/24/2016 by Cecena, Angelica [ANCS] of 3/23/16 Consent and Release for Medical P



MRN: 28522966
MATIAS, EMILIE MAGAT DOB: 3/20/2016
DOB/SEX: 3/20/1960 (S) SNR: 1877917
PHIL COHEN, PHILIP R. MD
REL: PHYSICIAN
DANFORD AVENUE
SAN DIEGO, CA 92161
US MC AEE: CH4400

CONSENT AND RELEASE FOR MEDICAL PHOTOGRAPHY

I, Emilie Magat, do hereby authorize UCSD Medical Center and the attending physician, to photograph or permit other persons to photograph

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.

Emilie Magat
Patient Signature
Date 3/31/16

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
ORIGINAL - Medical Record COPY (Optional) - Patient