

Dr. LESLIE NTETA
BSc (fort Hare), M.B., Ch.B. (Natal); M. Med (Derm.) MAP (WITS)
DERMATOLOGIST

Practice number: 1201565

Ground floor, Suite 9
Louis Pasteur Medical centre
374 Francis Baard Street
Pretoria

Tel: 01 2320 7901/012 320 7685
Email: lmn@lesmed.co.za

P.O.BOX 12831
Tramshed
0126

TELEDERMATOLOGY CONSENT FORM

File number.....

SECTION B – To be completed by patient

I agree to have a digital photograph taken:

- Using a digital camera
Using a smartphone camera

I give permission for the photograph to be:

1. Stored in my medical records, and
2. Shared electronically with other Dermatologists for diagnosis and treatment of my skin problem.

Suggested images

1. Take front, back and side views if the rash is all over the body
2. Use these views to illustrate the worst or most characteristic areas of the rash (E.g. elbows and knees)
3. Detailed close ups of characteristic areas of the rash (I.e. to illustrate redness, pigment loss, scale, Crust, surface detail)

Patient signature.....

Or

Legal Guardian Name.....

Section C-to be completed by the doctor.

Doctor's name.....

If using my own smartphone camera I agree to managing this data securely. All data and images will be held confidentially and only used for clinical care. The patient has the right to object or withdraw consent at any time by advising me of this.

Doctor's signature.....

Date.....