Chester Knee Clinic
at the Grosvenor Nuffield Hospital
Wrexham Road   Chester   CH4 7QP
www.kneeclinic.info   email: info@kneeclinic.info

Consent to Medical Imaging

Patient ID Label

I confirm that I give consent for arthroscopic video-prints, digital still images and video images described below to be made of my knee(s). All captured arthroscopic and clinical images, including digital MR images, will be kept as a part of my medical record, held jointly by The Grosvenor Nuffield Hospital and Chester Knee Clinic (Mr Vladimir Bobic), either as printed images or as digital media (CD, DVD, Hard Drive, etc.). We will store and keep all images and other personal details according to The Data Protection Act 1998 (DPA).

I also consent to images of the inside and the outside of my knee(s) being shown to appropriate professional staff and used in educational presentations and publications, including conferences, text books, journals, emails, and any other medium including all forms of electronic publication, anywhere in the world. As a result, I understand that the material may be seen by the general public. All or part of the imaging material may be used in conjunction with other photographs, drawings, video images, sound recordings or other forms of presentation or illustration. Efforts will be made to conceal my identity but absolute confidentiality cannot be guaranteed. I understand that, once released, the recovery of the images may not be possible. I also understand that no fee is payable to me by The Grosvenor Nuffield Hospital and Chester Knee Clinic (Mr Vladimir Bobic) or any other person in respect of the use of the images, either now or at any time in the future.

I confirm that the purpose for which the imaging material would be used has been explained to me in terms which I have understood. Refusal to consent will in no way affect my medical care.

Name:

Signature:

I confirm that I have obtained the above consent from my patient
Mr Vladimir Bobic, MD, FRCSEd, Consultant Orthopaedic Knee Surgeon

Signature: **Date:**