



Central Valley Pain Management & Wellness Clinic  
1300 Mable Avenue, Suite 2  
Modesto, California 95355  
Phone (209)571-1992 Fax (209)571-1994

**PHOTOGRAPH CONSENT FORM**

I \_\_\_\_\_ am a patient of Central Valley Pain Management and agree to the following: **I consent that a photograph shall be taken to include in my electronic medical chart. By signing the form below I confirm that this consent form has been explained to me in terms, which I understand.**

- 1) \_\_\_\_\_ *I consent that this photo be included into my electronic medical chart.*
- 2) \_\_\_\_\_ *I consent that this photo is to be used for identification purposes only in my electronic medical chart and it will not be reproduced for any other purpose.*

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_