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Medical Photography Release/Approval:

This office is dedicated to the use of the most advanced technologies available in giving and documenting your medical care. To this end, we have invested in electronic medical records. This means that all items traditionally in a paper format will be obtained, stored, and cataloged digitally. This record will also include the digital photo of your child(ren) for identification by Dr. Moreschi and staff. Any lesions, procedures, or other items which may be documented visually, will also be stored and reproduced in this manner. If you have no objection to the use of these photos we would greatly appreciate your signature below.

I hereby authorize Anthony Moreschi, M.D., P.C., and its representatives to obtain and reproduce photographs of my child(ren)'s likeness(es) for purposes of medical records. I also approve of the use and reproduction of clinical photos for referral, coding, charting, and educational purposes.

Signature of Parent of Legal Guardian

Date

Print Name of Parent or Legal Guardian

Legal Relationship to child(ren)

List name(s) of child(ren) covered by this release:

