

REQUEST AND PERMISSION FOR COMPLETE MEDICOLEGAL EXAMINATION (Medicolegal Photographs)

(For use of this form, see TB MED 283, the proponent agency is the Office of the Surgeon General)

I, _____
(Patient OR parent/legal guardian and patient's name)

hereby request the staff _____ to make
(Name of treatment facility)

and produce photographs as deemed necessary relating to the above-mentioned

assault on (myself, my daughter, my son, _____).
(Name)

(Signature)

(Date and hour)

WITNESS:

(Time and date of photographs)

(Signature)