

Patient Release Form

I consent to the reproduction of my de-identified images and associated case information for use in a contest submission and posting of clinical cases on the GE Healthcare's website, and/or for softcopy and hardcopy prints to be used by the (GE Healthcare) sales and marketing force.

I further understand that AMA and other applicable policies that restrict the ability to control the content of the material I present.

This consent shall be a continuing consent with no limitations or reservations.

Signature:

Print Name:

If under 18

Parent's signature:

E-mail address:

Phone #:

Mailing Address:

City/State/Zip:

Date Signed:
