

CLINICAL PHOTOGRAPHY TAC CONSENT & INFORMATION

TAC Scar Photography Referrals

To properly consider your application for a serious injury certificate, the TAC requires images of any scarring or abnormality. This includes both transport accident and non-transport accident related scarring or abnormality so that the TAC can assess the impact of the transport accident component. Without the images, the TAC will be unable to make a decision about your application.

Depending upon the location of any scarring or abnormality, you may be required to remove items of clothing. If you prefer a photographer of the same gender, please indicate this when making your booking.

Photographs will be taken within the Medical Illustration Department, The Royal Melbourne Hospital. Medical Illustration is located on Level 1, South West (entry via main entrance on Grattan Street).

The photographic session typically takes 15 minutes. The results are sent to the TAC. A USB copy will also be provided to your Legal representative by registered post.

PLEASE ENSURE YOU BRING THIS COMPLETED FORM WITH YOU TO THE APPOINTMENT

If you are running late, unable to attend or you need to reschedule your appointment, please call the Medical Illustration Department as soon as possible on 9342 7233.

Address: Medical Illustration, Main Block, Level 1 South West Wing,
The Royal Melbourne Hospital, 300 Grattan St Parkville VIC.

Consent to Clinical Photography and Video -

In view of the explanation given to me by: _____
(given name) (surname)

TAC or Legal representative

I, _____ hereby consent
(given name) (surname)

to clinical photographs and / or recordings to be made of me / the patient.

I agree that the images may be used for:

I agree that the images will be provided to the TAC (and my legal representative if I have one) to assist in making a decision about my entitlement to a serious injury certificate and/or impairment benefit.

Other: _____

Signature of patient: _____ Date: _____

OR

Signature of person consenting on patient's behalf: _____

Relationship to patient: _____ Date: _____

(If patient assessed as not having capacity to consent, Parent, legal guardian or senior next of Kin)



TAC Transport Accident Commission
Clinical Photography Request Form

TAC Client Claim Number:

SURNAME:
FIRST NAME:
ADDRESS: SEX:
D.O.B:
TEL:

Medical Illustration

The Royal Melbourne Hospital

300 Grattan St Parkville, 3050 VIC
Main Block, Level 1, South West Wing

**To make a booking please
phone: 03 9342 7233**

Date of referral/request:

Requested by:

- TAC
- TAC Client
- TAC Legal Representative (please complete the following)

Law firm:

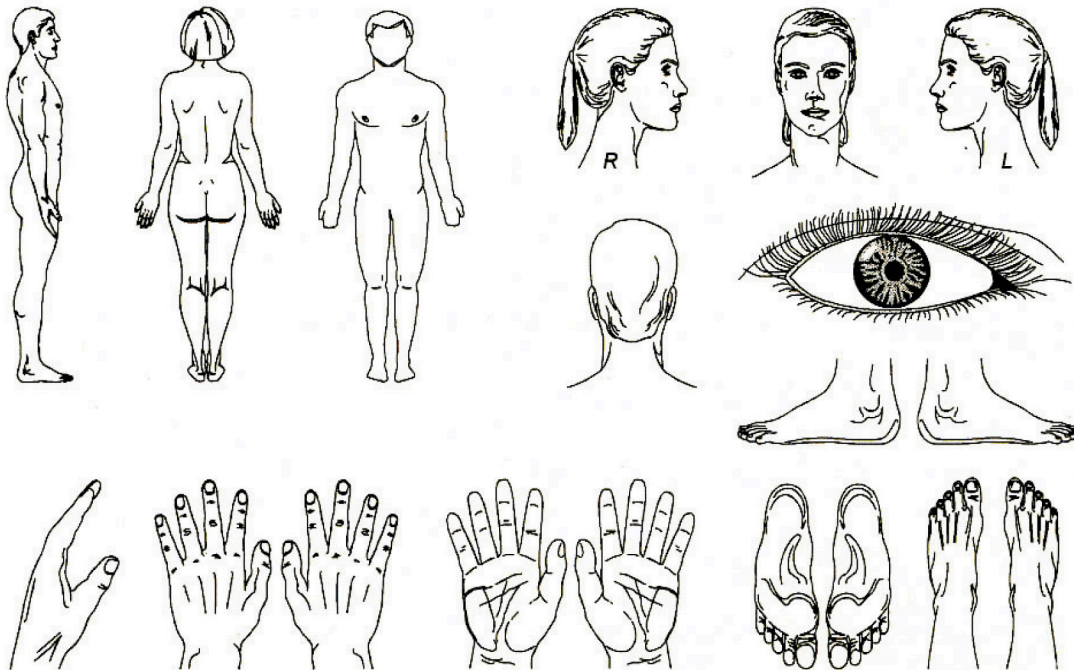
Legal Practitioner name:

Contact phone number:

Postal address:

Diagnosis: Documentation of scarring / deformity

Please mark the location of all scarring, both accident & non-accident related



MEDICAL ILLUSTRATION OFFICE USE:

Establishing view, 1:7 mid shot & 1:4 or 1:2 close up with scale (additional cross lighting if necessary)

Identity verified

Method of Identification: sighted drivers licence passport other _____

Photographer:

Date:

Number & Type:

Loaded to MPS:
Available in MPS:
Post to TAC:
Post to Legal Rep:
Archived:

Job Number:

CLINICAL PHOTOGRAPHY REQUEST

PRIVATE