

CONSENT TO IMAGE PROCESSING TO THE SURGICAL **DOCUMENTATION**

I, the undersigned, I agree / do not agree* to take photographic images of the areas surrender to the surgery only for documentary purposes.
I agree / do not agree* to the publication and processing of photographed images of the areas
subjected to the treatment, provided that my person is not recognized.
Detiont's signature and date
Patient's signature and date



NZOZ Kriocentrum