



CONSENT TO PHOTOGRAPH

Date: _____

I _____ hereby give Optech Orthotics & Prosthetics Services, Ltd. (Optech O&P) permission to take a photograph of me with my orthotic/prosthetic appliance.

I also give Optech O&P permission to submit this photo taken of me to my insurance company upon their request.

Patient Signature

Date

Kankakee
119 E Court Street
Kankakee, IL 60901
(815) 932-8564

Joliet
121 Springfield Ave
Joliet, IL 60435
(815) 741-9700

Watseka
200 N. Laird Lane
Watseka, IL 60970
(815) 432-7783

Orland Park
18016 S Wolf Rd
Orland Park, IL 60467
(708) 364-9700

Evergreen Park
3900 W. 95th Street
Evergreen Park, IL 60805
(866) 996-7832

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