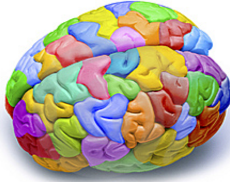
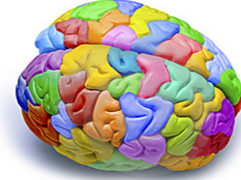
Shannon E. Taylor PhD PA

North Texas Neuropsychology and Behavioral Medicine Services



9555 Lebanon Road, Suite 902
Frisco, TX 75035
214/872-4411 (phone)
844/270-4023 (fax)
www.drsetaylor.com
drsetaylor@yahoo.com



INFORMED CONSENT TO PHOTOGRAPH

Date:____

I, _______________________________, due hereby give consent for North Texas Neuropsychology and Behavioral Medicine Services, Dr. Taylor or staff to take photograph(s) of ______________________________. The photograph will be used for identification purposes only and contained within the confidential file of the child/patient.

Print Name:____

Signature:____

Relation to Patient: _______________________________________

Witness:____