**ACMS Teaching Slide File Consent Form:  
Consent for Publication of Identifying Material in the ACMS**

**Teaching Slide File**

I give my permission for the following material to appear on the secured online American College of Mohs Surgery website.

I understand that my name will not be published but that complete anonymity cannot be guaranteed.

I am 18 years of age and am competent to contract in my own name. I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Patient Photographic Consent Information and fully understand its terms.

Signature Date

Print Name Date

If the patient signing is under 18 years of age or under any incapacity, there must be consent by the patient’s conservator, guardian or health care representative as follows:

I hereby certify that I am the legal representative of , named above, and do hereby give my consent without reservation to the foregoing Patient Photographic Consent Information on behalf of this person.

Representative’s Signature Relationship to Patient Date