



**Manfredi  
Orthotic  
Prosthetic  
Affiliates, LLC**

**PATIENT CONSENT FORM**

I hereby authorize and give consent to Manfredi Orthotics & Prosthetic Affiliates to take photographs, video, and or motion pictures of \_\_\_\_\_. I also grant the right and permission to copyright and/or use and/or publish or reproduce photographs/movies of me in whole or part, or composite or distorted in character for education and/or public relations purposes and to use such visual aid in any manner to aid the treatment and/or evaluation process, or to help advance the cause of education in the fields of orthotics and prosthetics.

I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied.

It is understood that, unless agreed to otherwise, the patient's name will not be used, nor in any way disclosed, in connection herewith.

I hereby represent that I am of full age and have every right to contract in my own name in the above regard, I state further that I have read the above authorization and release prior to its execution and that I duly understand the contents thereof.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CONFIDENTIALITY WAIVER**

I hereby grant permission to Manfredi Orthotic & Prosthetic Affiliates to release the name and identity of the patient mentioned above in conjunction with the evaluative, treatment, and/or other pursuits.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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