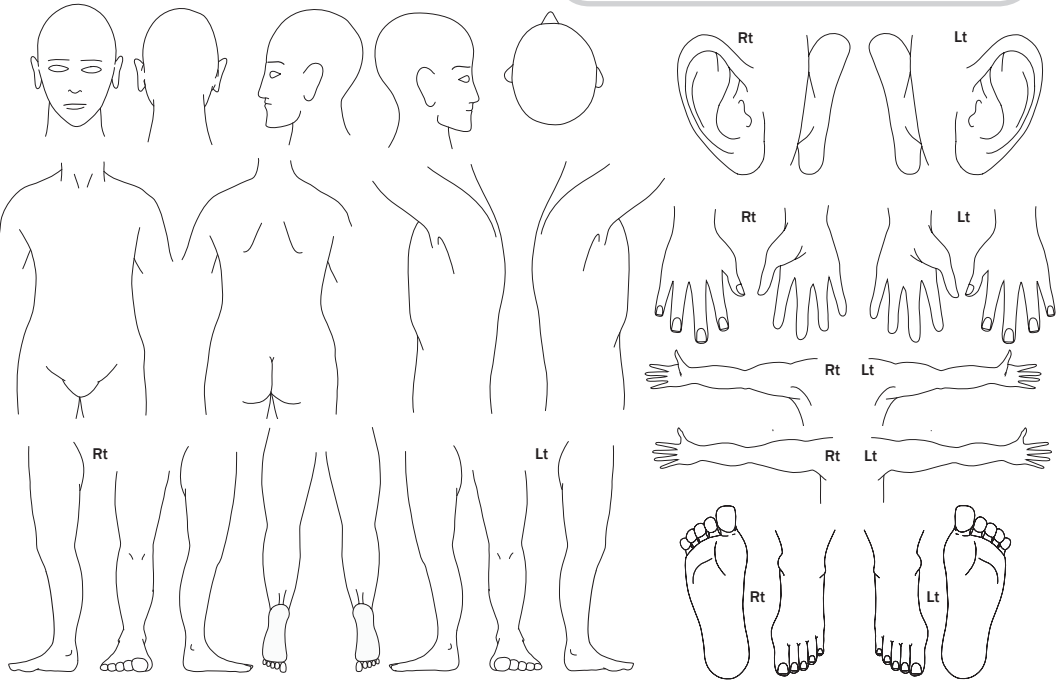


Queen Mary's Hospital SCSC Clinic

Photo Request

Date:	Consultant:
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PATIENT DATA LABEL



After the photo request below the patient can be directed to: (please Tick)

Immediate	<input type="checkbox"/>	Reception	<input type="checkbox"/>	Discharged	<input type="checkbox"/>
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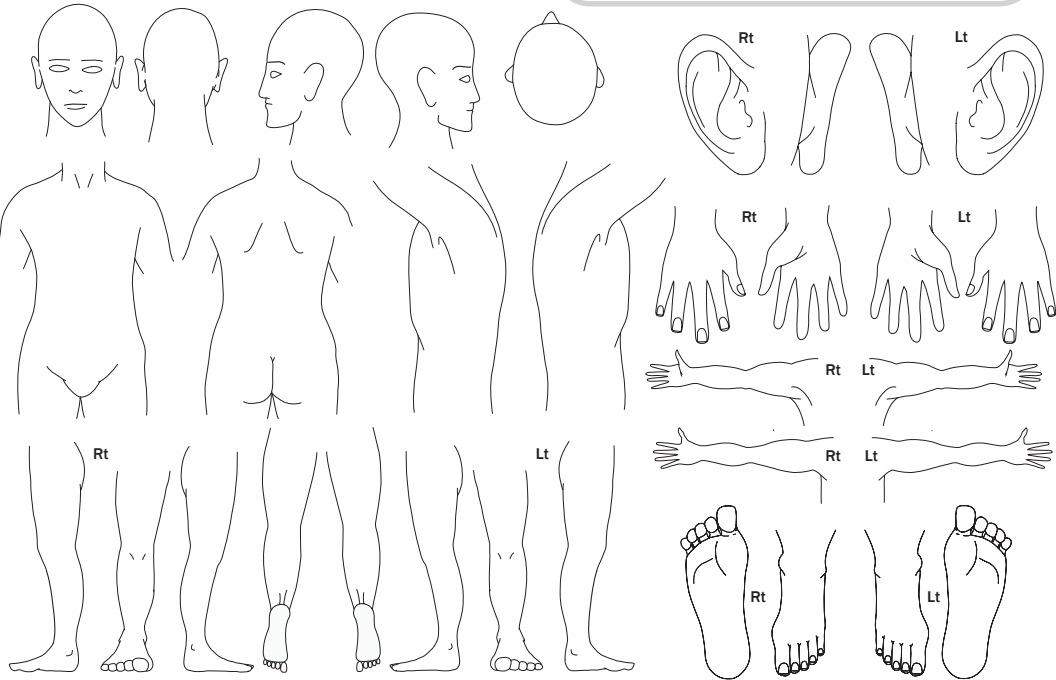
Lesion no.	Area	Dermoscope	Patient copy

Queen Mary's Hospital SCSC Clinic

Photo Request

Date:	Consultant:
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PATIENT DATA LABEL



After the photo request below the patient can be directed to: (please Tick)

Immediate	<input type="checkbox"/>	Reception	<input type="checkbox"/>	Discharged	<input type="checkbox"/>
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Lesion no.	Area	Dermoscope	Patient copy