

I, ..... hereby consent to a video consultation with Professor Dunn.

I realise that this is a compromise compared to face to face assessment and that I may still require physical, in person assessment to confirm the diagnosis before proceeding to surgery.

Signed: .....

Date: .....

**I have access to:**

Zoom

MS Teams

Skype

Whatsapp

**I prefer:**

- I am unfamiliar all of the above and would prefer Prof Dunn's browser based solution

**My Imaging was done at the following radiologist (name, address, contact telephone number)**

**I would like the following person to link into the consultation:**

**Name**

**Email address**

**Cell phone number:**