l, 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:
My Imaging was done at the following radiolo	egist (name, address, contact telephone number)
I would like the following person to link into the video consultation:	
Name Email address	
Cell phone number:	