

**TEXAS**  **BREAST  
SPECIALISTS**

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*Higher Standards. Greater Hope.*

Photographic Consent

Dr. O'Brien routinely photographs her patients in order to follow their exams and results over time. All photos are digital and stored securely and are only used for medical records, treatment planning, documenting the course of treatment, and education. My signature below indicates that I hereby consent to my photographs being taken and used in this manner.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Patient or Legal Guardian)

\_\_\_\_\_  
Date

**Bridget O'Brien, DO**

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