Consent Form

**CONSENT FORM**

**Patient / Guardian consent for publication of material relating to him or her in a medical journal**

**Description of article, content, photograph or video (the Material):**

**Author submitting the material:**

I give my consent for all or any part of the material referenced above to appear in publication by a medical journal. I understand that the material may depict my medical conditions. I understand that: my name will not be published with the material and that all endeavors will be made to maintain my anonymity. I understand, however, that it is possible that someone may recognize me from the images and/or content. The use of the Material relating to me may include, without limitation, publication in printed and electronic editions of the journal publications, on websites, in sublicensed or reprinted editions (including foreign language editions), and in other derivative works of products. I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with use of the material.

The Material may be edited, modified, and retouched.

**Patient’s Name :**

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

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