

Patient Consent Form

This form is with reference to record a patient's consent in publication of the article relating to concerned person in the Journal _____

This consent is applicable for all the visible or identifiable recognition of the patient. If you fail to submit this form, kindly mask the identity.

Name of the Patient: _____

Title of the Manuscript: _____

Corresponding author: _____

Corresponding author address:

I, _____ (Patient name/Guardian name), give my permission to use clinical information relating to _____ (myself, relationship with the patient) in the publication and related posts by the Journal _____ (journal name).

****If the patient is below the age 16, the consent needs to be given by the guardian.**

I clearly understand the terms of this consent:

1. My name and correspondence information shall not be published by the journal except for the identifiable images (that I/guardian have given consent).
2. This publication is in open access journal and the publication shall be accessed worldwide.

Signature of the Patient/Guardian _____

Name _____ Date: _____

Signature of Corresponding author _____

Name _____ Date: _____