

International Journal of Advanced and Integrated Medical Sciences:**PATIENT CONSENT FORM (For Clinical Images)**

Manuscript ID.:

Patient's Registration number:

Title of manuscript:

Name of authors:

Corresponding author: (with e- mail):

To be signed by the patient:

I hereby give my consent and authorize the journal 'International Journal of Advanced and Integrated Medical Sciences' (an online and print edition) to use the image(s) and related information during my treatment.

I understand that my name and identity will not be disclosed. Once signed, I cannot revoke my consent.

Name of patient:

Date of Birth (DD/MM/YY):

Signature/thumb impression of patient (or signature/thumb impression of the person giving consent on behalf of the patient):

Relationship to the patient in case of other person signing/providing thumb impression for the consent:

Address:

Date: