

PATIENT CONSENT FOR PUBLICATION

**For a patient's consent to publication of images and/or information about them in
Education in Medicine Journal:**

I hereby give my consent for images or other clinical information relating to my case to be reported in the *Education in Medicine Journal*.

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in a Journal, website or other form of publication. As a result, I understand that the material may be seen by the general public.

Signature of patient or guardian: _____

Name: _____

Date: _____