

The Journal of Contemporary Dental Practice

The Journal of Contemporary Dental Practice: 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 'The Journal of Contemporary Dental Practice' (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: