



Informed Consent Form

When written informed consent must be obtained from the participant, the responsibility for completing the form lies with the author. If the form does not need to be completed, tick the 'not applicable' option.

Article

Title.....
.....
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Corresponding author:.....

Date.....

Signature.....

Not applicable

The patient has the right to complete and refuse to complete the form, and this will not affect the treatment process.

I consent to the authors publishing images related to my illness and myself, which I have permitted to be taken, in scientific journals for medical purposes.

I have been informed that my personal information will remain confidential when using this data, and I have signed to consent to its use under these conditions.

I have also been informed that images related to my illness will be published on the websites of scientific journals.

Patient's name:

Patient's date of birth:

Signature of the patient or guardian:

Date:

If the guarantor signs, the reason must be stated below the signature.