

PATIENT'S CONSENT FORM

PATIENT NAME-SURNAME:

TITLE OF THE MANUSCRIPT:

CORRESPONDING AUTHOR:

I..... give consent for clinical information and related images about myself or/my relative to be published with the scientific purposes.

I understand the following;

1. In the article to be published, I understand that my personal information such as my name and ID number, address, phone number, payment information will be kept confidential.
2. I understand this article will be published in a medical journal, distributed electronically and on paper to doctors, nurses, and other medical personnel.
3. I understand that my/my relative's information will not be used out of context or advertising.
4. I realized that I can revoke my consent at any time before the article is published.

DATE:

SIGNATURE: