**\*Journal Name:**

**\*Title of manuscript:**

**\*Corresponding author:**

**\*Corresponding author Email:**

------------------------------------------------------------------------------------------------------------------------------

***To be signed by the patient***

I hereby give my consent for image(s) and clinical information related to me to be reported in the Open Access Journal (both in print and online edition). I understand that my name and identity will be concealed. Once signed, I cannot retract my consent.

**\* Name of patient:**

**Signature of patient** (or signature of the person giving consent on behalf of the patient):

**Relationship to the patient** (in case of other person signing the consent):

**Address:**

**Date:**

***# Note:*** *For Patient’s images that have been masked need not require patient consent form.*