

Patient Consent Form

Patient's consent for the publication of material relating to them .

Name of author submitting material :

Manuscript reference number (if known):

Subject of article or photograph:.....

To be completed by the patient:

I give my consent for this material to appear in OMPJ /any dental or medical journal and associated publications. I have seen and read the material to be published. I understand the following:

1. The material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed.
2. The material may be published in any online journal. Selected articles may be published in print.
3. The journal will be read mainly by medical professionals, however the website can be seen and read by doctors, journalists and members of the public.
4. The material will not be used for advertising or packaging.
5. I also give consent for the material to be used in other publications as long as the following criteria are met:
 - (i) the material will not be used for advertising or packaging.
 - ii) the material will only be used for educational purposes in publications for the medical professions.

Signed.....

Date.....

Print Name.....

If you are not the patient what is your relationship to them?

.....
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Witness.....

Date.....