

**JOURNAL OF CLINICAL AND SCIENTIFIC RESEARCH**  
**PATIENT CONSENT FORM**

**Title of manuscript:**

**Name of the corresponding author**

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I hereby give my consent for image(s) and clinical information related to me to be reported in “Journal of Clinical and Scientific Research” (both in print and electronic versions) with the understanding that my name will not be mentioned. I was explained about this in my mother tongue.

**Signature of the patient**

**Date:**

**or the person giving consent on behalf of the patient:**

**Name of patient:**

**Date of Birth (DD/MM/YY):**

**Address:**

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