



International Journal of Medicine and Biosciences

Patient Consent Form

I give my permission for the following material to appear in the print, online, and licensed versions of International Journal of Medicine and Biosciences (IJMB) to grant permission to third parties to reproduce this material.

Title or subject of article or photograph, video, or audio: _____

I understand that my name will not be published but that complete anonymity cannot be guaranteed.

Please check the appropriate box below after reading each statement.

I have read the manuscript or a general description of what the manuscript contains and reviewed all photographs, illustrations, video, or audio files (if included) in which I am included that will be published.

or

I have been offered the opportunity to read the manuscript and to see all photographs, illustrations, video, or audio files (if included) in which I am included, but I waive my right to do so.

Signature:

Date:.....

Name:.....

If you are granting permission for another person, what is your relationship to that person?
