

**Patient Consent Form**

For a patient's consent to publication of full face clinical pictures without the eyes being blocked in AJOMS.

Name of person described in article or shown in photograph \_\_\_\_\_

Subject matter of photograph or article \_\_\_\_\_

Title of article \_\_\_\_\_

Corresponding author \_\_\_\_\_

I .....[insert full name] give my consent for this picture of MYSELF / MY CHILD OR WARD / MY RELATIVE [circle correct description] relating to the subject matter above ("the Information") to appear in AJOMS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I understand the following;

1. The Information will be published without my name attached and AJOMS will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - may identify me.
2. AJOMS will not allow the Information to be used for advertising or packaging or to be used out of context (for example, a photograph will not be used to illustrate an article that is unrelated to the subject of the photograph.)