

Patient Consent form

For a patient's consent to publication of images and/or information about them in Orthopaedic SPOT.

Name of patient

Relationship to patient (if patient not signing this form)

Description of the photo, image, text or other material (Material) about the patient. A copy of the Material must be attached to this form

Provisional title of article

CONSENT

I [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in the Orthopaedic SPOT publication.

I confirm that I: (please tick boxes to confirm)

- have seen the photo, image, text or other material about me/the patient
- have read the article to be submitted to Orthopaedic SPOT
- am legally entitled to give this consent.

Signed

Print name

Address

Email address

If signing on behalf of the patient, please give the reason why the patient can not consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).