

PUBLICATION APPROVAL FORM FOR IDENTIFYING CLINICAL IMAGES

I hereby give my consent for photographs/images of my face or distinctive body markings, or other clinical information relating to my case to be published in the Essentials of Dentistry.

I understand and acknowledge that

- I have a right to refuse to sign this form and I acknowledge that refusing to give consent will not affect my treatment in anyway.
- I have read this form and content has been explained to me in detail.
- The images/videos/models/x-rays of me will be published in the Essentials of Dentistry with/without adequately masking my identity.
- My name and initials will not be published in the journal.
- Even though my name will not be published in the article, I acknowledge that I might be identifiable.

Name of the patient

Date

Signature of the patient

If the patient or subject is under 18 years old, a parent or legal guardian must consent on behalf of the minor.

Name of the parent or legal guardian

Date

Relationships to minor patient/subject

Signature of the parent/legal guardian

Name of the Doctor

Date

Place/Institution

Signature of the doctor

Note: If the patient or the legal guardian is not fluent in English, the form and content must be explained in vernacular language before obtaining the consent.