Patient consent form

For a patient’s consent to publication of information about them in *The ABJS*.

Name of person described in article or shown in photograph: __________________________

Title of article: ________________________________________________________________

*The ABJS* manuscript number _______________________

Corresponding author: ____________________________

I ____________________________[insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above (“the Information”) to appear in *The ABJS* and associated publications.

**I have seen and read the material to be submitted to The ABJS**

Signed: ____________________________

Date: ____________________________