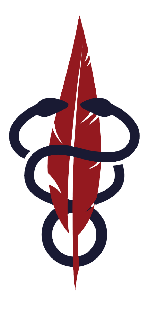
**Consent Form For The Case Reports**

*Current Journal of Medical Research (CJMR)*

Patient consent for case reports to be published in Current Journal of Medical Research;

**Title of the Article:**

**The patient described in the article** *(Name-Surname)***:**

**Corresponding Author:**

**I am** *(Name-Surname)*:

**To myself or my relative** *(Name-Surname)*:

I consent to the publication of the information regarding this case in this scientific journal.

I have been informed that this case will be published without revealing my or my relative's name. This case report may be published on the relevant journal.

I am also aware that I may withdraw my consent/permission before the article is published.

**Date:** ...../...../..........

**Signature:**