

# Journal Of Basic And Clinical Research

Date: DD/MM/YY

## Patient Consent Form

Manuscript Ref. No.:

**Patient's Registration number:**

**Title of manuscript:**

**Name of authors (Only two):**

**Corresponding author:**

(With E mail)

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**To be signed by the patient**

I hereby give my consent for image(s) and clinical information related to me to be reported in the Journal of Basic and Clinical Research (both in print and electric edition).

I understand that my name and identity will be concealed. Once signed, I cannot revoke my consent.

**Name of patient:**

**Date of Birth (DD/MM/YY):**

**Signature of patient** (or signature of the person giving consent on behalf of the patient):

**Relationship to the patient in case of other person signing the consent:**

**Address:**

**Date:**