

Patient signed Consent for Publication



Journal of Medical and Oral Biosciences (JMOB)

I, [Name], hereby give my informed consent for information relating to **myself / my relative** to be published in the

Journal name :

Manuscript Number (ID):

Corresponding Author (Surname and Initials):

I understand that **myself / my relative /my child's** name and identifying details will not be disclosed; however, complete anonymity cannot be guaranteed. I acknowledge that the information, including text, images, or videos, will be published in an open-access format and will be freely available online. I am aware that this material may be accessed by the general public, shared on other platforms, reproduced in print, translated into other languages, and potentially used for educational or commercial purposes.

I confirm that I have been given the opportunity to review the manuscript and to ask any questions. I understand that providing consent for publication does not waive my legal rights to privacy or confidentiality.

Name:

Date:

Signature:

Author Name:

Date:

Signature:

This consent form should be retained in the patient's medical or case records. The submitted manuscript should include the following statement:

Written informed consent for publication of clinical details and/or clinical images was obtained from the patient or the patient's parent, guardian, or relative.

A copy of the consent form is available for review by the Editor of this journal.