

## Patient Consent Form

I consent for medical photographs to be taken of me or my child (or person for whom I am legal guardian). I understand that the information may be used in my medical record or published online. By signing this form, I confirm that this consent form has been explained to me in terms which I understand. Refusal to consent to these photographs will in no way affect the medical care I will receive.

If I have questions or wish to redraw my permission for publication in the future, I may contact Dr. Dan Topala at [contact@dantopala.co.uk](mailto:contact@dantopala.co.uk) or a current phone number.

### I understand the following

- The information will be published without my name attached, and Dan Topala will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere may identify me.
- The image may be seen by members of the general public, in addition to scientists and other medical researchers.
- I can change my decision to give consent to publish information about me at any time before final approval, which is defined by the moment it's uploaded online. However, once the case report or photograph(s) has been approved for publication in its final form, it will not be possible to change my decision to give consent.
- I will not receive financial benefits from the publication of this photograph(s).
- I confirm that I have viewed the photographs to be published, as well as all accompanying information.
- By signing, I confirm that this consent form has been explained to me by Dr. Dan Topala or any staff members that are employed or managed by him.

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Patient**

**Signature of Healthcare Professional**

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