

CONSENT to submit for publication

Clinician responsible for obtaining this consent (capital letters):

Clinician's contact details (including contact number):

I (full name) _____

(Case reference number) _____

...hereby give my consent for you to utilise my clinical case history (including my history/background to the referral, my treatment and the eventual outcome) for the purposes of writing one or more articles for a scientific journal. I understand that my real name will not be used and that all identifying comments, details and material will be confidentialised so that I cannot be identified in person.

The clinician will also sign below to show that he/she will be bound by this consent:

Your signature _____ Date/...../.....

Your name (printed) _____

Clinician's signature _____ Date/...../.....

Clinician's name (printed) _____

If you would like to receive an extract from the submission that relates to you BEFORE any scientific paper is submitted, so that you can request further alterations to enhance confidentiality, please provide your email address or postal address:

Your email address.....@.....

Your postal address.....