Patient Consent Form

To record a patient's consent to publication of information relating to them or a relative, in a Wiley publication.

Name of patient: Ricardo Gutierrez

Title of publication/product: World Journal of Gastroenterology

Principal author/editor: Keri E. Lunsford, MD, PhD

Principal author/editor's address: 757 Westwood Ave., Suite 8501, Los Angeles, CA 90095

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***In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 16, consent should be given by a parent or guardian.

I understand that:

The information/video/photographic material will be used only in educational publications intended for health professionals

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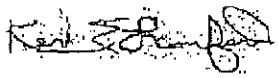
**SIGNATURE OF PATIENT/PARENT// GUARDIAN / NEXT OF KIN .....

***IF PARENT / GUARDIAN / NEXT OF KIN, STATE RELATIONSHIP TO PATIENT .....

[ADDRESS] 9749 Bighorn Island Ave.
Las Vegas, NV 89148

[DATE] January 29, 2016

SIGNATURE OF HEALTH PROFESSIONAL OBTAINING PERMISSION (IF APPROPRIATE)



[ADDRESS] 757 Westwood Ave., Suite 8501
Los Angeles, CA 90095

[DATE] January 29,2016

Note to principal author: The original signed consent form should be retained by the principal author.

Note to health professional: In addition to the consent form, please ensure that any other necessary permissions are cleared for use of the information, including any permissions required for use of information contained in medical records.