

## Consent to Publish Medical Information in a Journal Article

Print Name of Patient: Lacey Eloise Benton

Print Name of Parent/Legal Guardian (please provide if patient is younger than 18 years of age):  
Melissa Ann Benton

I am providing my written consent for the authors to publish a case report about me or my child (hereafter referred to as "the patient") in a medical journal. This case report may consist of text and images that describe the patient's condition before, during, and after treatment. I understand that the patient's name and initials will not be included in this case report. I have been given the opportunity to see the manuscript, figures/images, tables, and any other material that will be submitted to the journal. If the manuscript is accepted for publication, I consent for this information to be distributed in a journal's print publications, electronic publications, and in any foreign editions.

M. Benton  
Signature of Patient or Legal Guardian

5/10/14  
Date