

SUBJECT CONSENT TO PARTICIPATE

Case Report Title:

Name of Participant:



By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been answered to my satisfaction
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report
- I have been informed that I do not have to participate in this case report
- I have read each page of this form
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report

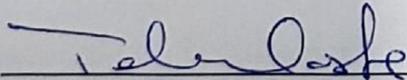
Date: 28 / NOVEMBRO 2019

Signature of Participant:



Medical Doctor:

Name: TELMA COSTA

Signature: 

Date: 28 / NOV / 2019