

## AUTHORIZATION FOR PUBLICATION OF CASE STUDY

I, \_\_\_\_\_, give Dr. Kimberline Chew, Dr. Sarah Bellemare, Dr. Akash Kumar and Montefiore Medical Center, permission to publish, reproduce, and distribute, the attached Case Study, regarding duodenal web, intestinal malrotation and obstruction. I am aware that the Case Study does NOT mention my name or address, but it does reflect my medical care, gender, age and medical history.

I have been told that the authors currently plan to submit the Case Study for publication in a medical journal, for educational purposes.

I will not be paid in any manner for use of the Case Study, as described above. I will not receive any royalties or other compensation in connection with any such publication or use.

I am not required to sign this form, and I may refuse to do so. My medical treatment and payment for healthcare at Montefiore will not be affected by whether or not I sign this document.

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Patient's Address: [REDACTED]	
Patient's Signature: [REDACTED]	Date: 12/12/2022