

## Patient Consent form for Case Report

**Patient name:** Zha Wen

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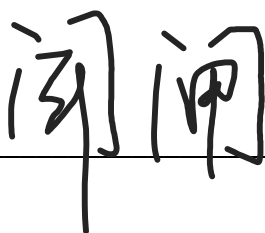
(1) I agree to publish my information and **facial photographs** (including eyes uncovered) about the disease in **World Journal of Clinical Cases** in the form of print or online publication, and allow the journal to authorize a third party to copy the materials;

(2) I accept the material will be published without my name, date of birth, or any other possibly identifying information that is not necessary for the purpose of the article, but my complete anonymity cannot be guaranteed;

(3) I understand that the official website of **World Journal of Clinical Cases** may be accessed by the public although it is a professional medical journal mainly for doctors, but the published paper will not be used for advertising or packaging into economic benefits;

(4) I can revoke my consent at any time before the publication, but once the information has been submitted for publication ("gone to press") it will not be possible to revoke the consent.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

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