

Patient Consent Form

[REDACTED] allow Dr Ahmed Saad (Trauma and Orthopaedic registrar) to use the details of my case to be written up as a case report. Trauma & Orthopaedic SFTD

I understand that details of my history, examination and investigation findings will be included in this report. Additionally, any form of medical imaging taken may also be included in this report. Any other details, not mentioned here, which may be required, will also be included. I understand that any patient details will be anonymised.

Signature:

Print:

Date:

9-4-2018