

## Patient Consent for Publication

Name of patient: [REDACTED]

Title of publication: CELIAC DISEASE AND SJÖGREN'S SYNDROME: A CASE REPORT AND REVIEW OF LITERATURE

Principal author: CIPRIAN JURCUȚ

Principal author's address: CALEA PLEVNEI 134, BUCHAREST

I, [REDACTED], hereby give my consent for images or other  
content reported in a medical publication.

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Signature of patient [REDACTED]

Signature of health professional obtaining permission Cy

Date

20.04.2020