



**PUBLICATION CONSENT FORM FOR
DESCRIPTIVE IMAGES**

Book Title:	
Participant/Patient Name	
Participant/Patient Signature	
Date	
If the patient or participant is under 18 years of age, a parent or legal guardian must provide consent on their behalf.	
<u>Parent or Legal Guardian's Name:</u>	<u>Editor's Name:</u>
<u>Parent or Legal Guardian's Signature:</u>	<u>Editor's Signature:</u>
<u>Relationship with Patient/Participant:</u>	<u>Translator's Name:</u>
	<u>Translator's Signature:</u>