

INFORMED PATIENT CONSENT FORM

****Title of the manuscript:****

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****Corresponding Author:****

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****Patient or Legal Representative:****

I hereby grant permission, with the assurance that my identity will remain confidential, for the information and documents in my medical records concerning my illness to be used, published, and presented for scientific purposes, including in scientific journals (such as *Yedikule Journal of Medical Sciences*) and other electronic or academic platforms.

****Patient or Legal Representative****

Date: _____ Signature: _____

****Full Name:****

****Phone Number:****

****Address:****

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****Researcher****

Date: _____ Signature: _____

****Full Name:****

****Witness****

Date: _____ Signature: _____

****Full Name:****