

Consent Form for Identifiable Photographs

Patient's Consent for the Publication of Identifiable Photographs in the Turkish Journal of Ophthalmology

Subject of Photograph: _____

I, _____, hereby give my consent for the publication of the photograph described above in the Turkish Journal of Ophthalmology and associated publications. By providing this consent, I acknowledge and understand the following:

1. Confidentiality: While my photograph may be published, my name will not be disclosed or published alongside the photograph.

2. Publication Mediums: The photograph may be published in the electronic copy of the Turkish Journal of Ophthalmology.

3. Online Presence: The photograph may also be placed on the Turkish Journal of Ophthalmology's worldwide website.

It is important to note that both the electronic version and the website are accessible to doctors and other medical professionals.

I have been informed about the purpose and potential uses of this photograph, and I willingly grant permission for its publication. I understand that this consent is voluntary.

By signing below, I confirm that I have read and understood the information provided in this consent form, and I agree to its terms.

Patient's Full Name: _____

Signature: _____

Date: _____