## Turkish Specialized Dental Publication

## **CONSENT FORM**

For a patient's consent to publication of information about them in Turkish journal of Public Health Dentistry.

Name of	f person described in article or shown in photograph:
Subject	matter of photograph or article:
Journal	name:
	ript number
Title of	article:
Correspo	onding author:
I	[insert full name] give my consent for this information
	YSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject
	bove ("the Information") to appear in the journal and associated publications.*
	seen and read the material to be submitted to the journal
	tand the following:
1.	The Information will be published without my name attached and the journal will make every
	attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked
	after me if I was in hospital or a relative - may identify me.
2.	The text of the article will be edited for style, grammar, consistency, and length
3.	The Information may be published in the journal, which is distributed worldwide. The journal goes
	mainly to doctors but is seen by many non-doctors, including journalists.
4.	*The Information may also be used in full or in part in other publications. This includes publication in English and in translation, in print, in electronic formats, and in any other formats that may be used by this journal or its licensees now and in the future. In particular the Information may appear in local editions of the journal or other journals and publications published overseas.
5.	The Turkish journal of Public Health Dentistry will not allow the Information to be used for advertising or packaging or to be used out of context.
6.	I can revoke my consent at any time before publication, but once the Information has been committed to publication ("gone to press") it will not be possible to revoke the consent.
Signed:	Date: