

Journal of Women's Health, Obstetrics & Gynecology (JWHOG)
PATIENT CONSENT FORM

I, _____, hereby give my informed consent and authorize the *Journal of Women's Health, Obstetrics & Gynecology (JWHOG)* to use my clinical information, images, and related medical records obtained during the course of my treatment for academic and publication purposes.

I understand that these materials may be published in print and/or electronic formats, including but not limited to medical journals, textbooks, scientific presentations, teaching materials, and internet platforms, under the authority of JWHOG, for the purpose of advancing medical knowledge and education.

I acknowledge and understand the following:

1. My name and personal identity will not be disclosed, and all reasonable efforts will be made to maintain confidentiality.
2. Complete anonymity cannot be guaranteed, although identifying details will not be intentionally published.
3. I have the right to refuse consent, and such refusal will not affect my medical care or treatment in any way.
4. Once this consent is given and the material is published, it may not be possible to withdraw the consent.

I confirm that this consent is given voluntarily in the interest of medical education and scientific advancement, and that I have read and understood the contents of this form.

Patient Details

Name of Patient: _____

Date of Birth (DD/MM/YYYY): _____

Signature / Thumb Impression of Patient: _____

In Case of Representative Consent

(If consent is provided by a relative or authorized person)

Name of Representative: _____

Relationship to Patient: _____

Signature / Thumb Impression: _____

Address & Contact Details

Address: _____

Date: _____

For Minor Patients

I, _____, am the parent / legal guardian of
_____ (minor), and I am authorized to provide consent on
his/her behalf.

I hereby grant consent for the use of clinical information and images as stated above for academic
and publication purposes.

Name of Parent/Guardian: _____

Signature / Thumb Impression: _____

Address: _____

Date: _____

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Advancing Evidence-Based Women's Healthcare