PRHSJ
Puerto Rico Health Sciences Journal

•Patient consent•

Manuscript title: _____

_____

Corresponding author: _____

I give my consent for this article to be published in the *Puerto Rico Health Sciences Journal* (PRHSJ).

I have seen and read the material to be submitted to the journal.

I understand the following:

1. The PRHSJ publishes case reports and clinical images of patients.
2. The journal is mainly aimed at physicians and health care professionals but it can be seen by any person.
3. Articles are freely available at the journal website (http://prhsj.rcm.upr.edu/).
4. My name will not appear in the manuscript, and that the PRHSJ will make every attempt to ensure my anonymity. However, I understand that complete anonymity cannot be guaranteed. It is possible that physicians and health care providers who know me, or a relative, may identify me.
5. The information may also be used in full or in part in other publications to whom the PRHSJ licenses its content.
6. I can revoke my consent at any time before publication.

_____	_____	_____
Printed name of patient	Signature of patient	Date signed
_____	_____	_____
Printed name of patient's legally authorized representative	Signature of patient legally authorized representative	Date signed

If signed by legal representative, relationship to the patient: _____