

Consent form

I Prof.Dr. Hülya Kılıçoğlu [Name] give my consent for information about myself/my child or ward/my relative (circle as appropriate) to be published in BMC Oral Health , Manuscript ID: 818bebd8-b295-47c3-be34-0c95c3b7e9ed v3.0 ,
..Eyüp Değirmencioğlu.....
[Name of journal, manuscript number and corresponding author].

I understand that the information will be published without my/my child or ward's/my relative's (circle as appropriate) name attached, but that full anonymity cannot be guaranteed.

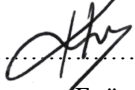
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Signing this consent form does not remove my rights to privacy.

Name Prof.Dr. Hülya Kılıçoğlu

Date 23.04.2024

Signed.....


Author name..... Eyüp Değirmencioğlu

Date 23.04.2024

Signed.....


Please keep this consent form in the patient's case files. The manuscript reporting this patient's details should state that 'Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/ relative of the patient. A copy of the consent form is available for review by the Editor of this journal.