



Patient consent form

For a patient's consent to publication of information about them in the *Australasian Journal of Plastic Surgery* (the "Journal").

Name of person described in article or shown in photograph: _____

Title of article: _____

Author: _____

I _____ [insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] to appear in the Journal.

I understand 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.
2. The text of the article will be edited for style, grammar, consistency, and length.
3. The information may be included on the Journal's social media platforms, including but not limited to Facebook, Twitter and YouTube.
4. The Journal will not allow the information to be used for advertising or packaging or to be used out of context (for example, a photograph will not be used to illustrate an article that is unrelated to the subject of the photograph.)
5. 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: _____

Return completed form to: journal@plasticsurgery.org.au