

Declaration of Consent

To be completed by the clinic/practice

Clinic/practice name

Clinic/practice address

Place, date, signature of the attending physician

Patient Declaration of Consent

Surname, name

Road/Street

Town

Date of birth

The exchange of scientific experience and ideas, particularly in academic journals and text books or via the Internet, is of the utmost importance for the further development of medical treatment in the fields of medicine and dentistry.

I therefore give my express consent for all images generated in the context of my treatment/activity - including those in which my or my child's person is recognizable - to be published for scientific, editorial and commercial purposes (excluding advertising of a product or publisher) without stating names or addresses and unrestricted in time or place, in particular in printed form (e.g. hardcover, paperback, journal) and reproduced and distributed as digital data media (e.g. CD, CD-ROM, DVD), as well as made publically accessible (e.g. Internet) or communicated to the public in any other form (e.g. broadcast, lecture etc.). This also includes the rights of use for types of use as yet unknown at the time of signing this declaration.

Place, date, signature

Place, date, signature of parent/guardian
(in case of minor)