

CONSENT FORM FOR CASE REPORTS

Name of person described in article : Made Subaya

Medical practitioner or corresponding author: Putu Ayu Diah Puspita Sari, MD / I Putu Gede Budiana, MD/ Ade Ajeng Cempakadewi, MD

Name : Putu Lutama
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I hereby, by my signature below, give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE: Anak, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:


1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Badung, February 28th 2023

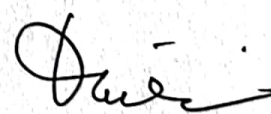
Signature of patient/ relatives:


(Putu Lutama)

Signature of witness:


Dr. Putu Ayu Diah Puspita Sari, Sp.
(NIP. 198003201200001)

Signature of requesting medical practitioner:


Dr. Putu Ayu Diah Puspita Sari, Sp.
(NIP. 198003201200001)