

## BDF ROYAL MEDICAL SERVICES



### Patient Consent for Publication of Materials in BDFRMS

The following information must be provided for this form to be processed accurately.

File No:

Title: Effect of perioperative Pregabalin in Total knee Arthroplasty postoperative pain

Author(s): Dr. Mehtash butt, Dr. Jalal.

**Patients have the right to refuse to sign this consent forum; refusal to sign this form will not affect their care in anyway**

I hereby give my consent for images or other clinical information relating to my case to be used by BDF Royal Medical Services

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be utilized by BDFRMS. As a result, I understand that the material may be seen by the general public. I understand that the material may be included in medical books published by IN House Training.

\_\_\_\_\_  
Name of the Patient

\_\_\_\_\_  
Patient's date of Birth

\_\_\_\_\_  
Signature of patient (or signature of the Person  
giving consent on behalf of the patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient)

\_\_\_\_\_  
Why is the patient not able to give consent? (e.g.; is the patient a minor, incapacitated, or deceased?)

**If images of the patient's face or distinctive body markings are to be published, the following section should be signed in addition to the first section:**

I give permission for images of my face or distinctive body markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

\_\_\_\_\_  
Signature of patient (or signature of the persons giving  
Consent on behalf of the patient)

\_\_\_\_\_  
Date:

Please complete all required fields (file number, title and author) before returning to: PO. Box 28743, Riffa or by mail: [training.directorate@bdfmedical.org](mailto:training.directorate@bdfmedical.org) or fax: 17766822