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I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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

giving consent on behalf of the patient)

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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.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 Date:

Consent on behalf of the patient)

**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**