**TJO CONSENT TO PUBLISH FORM**

# Patient or study participant consent for publication of their identifiable details in relation to: Title of manuscript:

\_ \_ (“Article”)

Journal:

Taiwanese Journal of Orthodontics \_ \_(“Journal”)

I, the undersigned, give my consent for the publication of identifiable details, which can include photograph(s) and/or videos and/or case history and/or details within the text (“Material”) to be published in the above Journal and Article. I confirm that I have seen and been given the opportunity to read both the Material and the Article (as attached) to be published by Taiwanese Journal of Orthodontics. I have discussed this consent form with \_ , who is an author of this paper.

I understand that all Taiwanese Journal of Orthodontics journals may be available in both print and on the internet, and will be available to a broader audience through marketing channels and other third parties.  
Therefore, anyone can read material published in the Journal. I understand that readers may include not only medical professionals and scholarly researchers but also journalists and general members of the public.

**Patient/study participant name** (please print)

**Signed by (name)** (please print)

NOTE: If the patient/study participant is a minor (i.e. less than 18 years of age), or is unable to provide informed consent for publication, this must be signed by their parent or legal guardian.

NOTE: If the patient/study participant is deceased, this must be signed by their next of kin.

# Date

**Signed**

Relationship to patient/study participant, if applicable:

**Author name** (please print)

# Date

**Signed** \_

Instructions to Authors: Please complete this form and obtain the patient’s or study participant’s signature and keep a copy on record. The manuscript reporting the patient’s or study participant’s details should state that consent for publication was obtained. You may use this template sentence as appropriate: *“Written informed consent for publication of their details was obtained from the patient/study participant/parent/guardian/next of kin”*. Please be ready to share the form with the journal editorial office if requested.