



Deed of Consent

To advance treatment methods for medical and dental health professions (including physiotherapy, occupational therapy), the presentation of disease/disorder patterns and treatment methods is indispensable.

I therefore explicitly agree
that all pictures produced in the course of my/my child's treatment
– even if I/my child are recognizable –
may be disclosed for scientific purposes and training purposes
by the THIEME PUBLISHERS GROUP as well as other publishing groups
and published in journals, textbooks, training films, scientific texts, digital media (for example
teaching videos, CD-ROM, DVD, e-papers, databases, internet) etc
as well as, where appropriate, for cover designs and in advertisements for such publications.

The pictures can thereby be used in combination with information regarding the disease/disorder
pattern as well as treatment methods.

.....

(place)

(date)

.....

(patient)

.....

(legal agent if necessary)

Name and address in capital letters:

.....

.....

.....