

PATIENT CONSENT FORM

With this form I authorize the publication of information/videos/images of the patients case mentioned below in the European Society for Cosmetic and Aesthetic Dermatology (ESCAD)- Alert Portal.

Using the professional tool „ESCAD Alert“ physicians and healthcare professionals have the opportunity to review cases and improve their practice. At the same time, they can provide advice to colleagues.

/1 PATIENT

First Name / Last Name:

Date of birth:

Country of residence:

/2 PHYSICIAN

First Name / Last Name:

Specialty:

Country of residence:

E-Mail-address:

/3 PATIENT CONSENT

I give my permission to publish information/videos/pictures about myself.

I understand that the information/video/pictures will only be visible by health professionals in the sole purpose of medical educational and treatment improvements.

/4 IMPORTANT INFORMATION

- All data submitted regarding the case will be published without the patient's name.
- The European Society for Cosmetic and Aesthetic Dermatology (ESCAD) will make every attempt to ensure the anonymity of the patient.
- The ESCAD will not retrieve or disclose any information that is not related to the treatment.

Date:

Patients Signature: