

# Consent Form

## Details of the person depicted

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

## Description and title of illustration(s)

Date of image capture: \_\_\_\_\_

Place of image capture: \_\_\_\_\_

Depicted: \_\_\_\_\_

\_\_\_\_\_

I herewith give my consent to the publication of the image(s) of me named above by Deutscher Ärzteverlag GmbH in print, online and other products, in particular in *Deutsches Ärzteblatt*. *Deutsches Ärzteblatt* currently has a circulation of over 400 000 copies and is available without access controls via its website. My name will not be published in connection with the image(s).

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\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the person depicted/  
the parents or guardians of the depicted person