
Informed consent from the patient for publishing material related to him/her in the **Revista Argentina de Reumatología**.

Description of the article, content, or photograph (the material):

Name of the author presenting the material: _____

To be completed by the patient:

I consent to part or all of the material described in the section above appearing in publications of the Revista Argentina de Reumatología. I understand that this material may describe my medical conditions.

I understand that:

- My name will not be published, and my anonymity will be maintained. However, I understand that there is a possibility that someone may recognize me from the images and/or accompanying content.
- The use of the material related to me may be included, without limitation, in printed and electronic publications of the journal and works or products derived from it.
- I grant and assign all rights to the material to the Revista Argentina de Reumatología. I understand that I will not receive, and I waive any claim to receive, any payment or royalties related to the use of the material.
- The material may be edited, modified, and retouched.

PATIENT:

Signature: _____ Date: _____

Printed name: _____

Address: _____

If you are not the patient, describe your relationship to the patient and the reason the patient cannot sign: _____

Witness name: _____

Signature: _____ Date: _____