

Dr Habib J. Khoury
PLASTIC AND RECONSTRUCTIVE SURGERY

**PERMISSION FOR MEDICAL EDUCATION, PUBLICATION, &
RESEARCH**

To Whom It May Concern:

This form is a request for permission from _____ for the use by
_____ and his/her designated representatives to report your medical
condition and treatment in the medical literature for the benefit of medical education and
training. Your name will not be used nor any personal information that would clearly identify
you.

If this case presentation is accepted for publication, your past medical history, medical
problems, social history, physical exam, and diagnostic tests will be reported for educational
purposes. Photographs taken before, during and after your surgery will also be included.
I will/willnot (circle one) permit the use of photographs, history and physical and other
pertinent information for publication and educational purposes.

Signature

Date

Birthday

Witness

Date