

Patient Consent Form

To record a patient's consent to publication of information relating to them or a relative, in a Wiley publication.

Name of patient: LEONARD D. MOORE

Title of publication/product: RECURRENT BIOPROSTHETIC VALVE THROMBOSIS TREATED WITH ANTICOAGULATION

Principal author/editor: ROBIN FERNANDES

Principal author/editor's address: 1400 VFW PARKWAY, WEST ROXBURY, MA-02132

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The information/video/photographic material will be used only in educational publications intended for health professionals

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***SIGNATURE OF PATIENT/PARENT// GUARDIAN / NEXT OF KIN Leonard D. Moore.....

***IF PARENT / GUARDIAN / NEXT OF KIN, STATE RELATIONSHIP TO PATIENT.....

[ADDRESS] 11 A ROSE KENEDY LANE
FRAMINGHAM, MA - 01702

[DATE] 03/03/2020

SIGNATURE OF HEALTH PROFESSIONAL OBTAINING PERMISSION (IF APPROPRIATE)

Robin Fennelly.....

[ADDRESS] VETERANS AFFAIRS MEDICAL CENTER
DIVISION OF CARDIOLOGY
1400 VFW PARKWAY, WEST ROXBURY, MA 02132.

[DATE] 03/03/2020

Note to principal author: The original signed consent form should be retained by the principal author.

Note to health professional: In addition to the consent form, please ensure that any other necessary permissions are cleared for use of the information, including any permissions required for use of information contained in medical records.