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: PHILLIP LOSAVIO

Title of publication/product: THE LARYNGOSCOPE

Principal author/editor: PETE BATRA

Principal author/editor's address: 1650 W. HARRISON ST, STE 550, CHICAGO, IL 60612

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***In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 16, consent should be given by a parent or guardian.

I understand that:

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

(1) My name will not be published and Wiley will endeavour to ensure that I cannot be identified from the clinical information, other than in relation to identifiable material (such as videos/photographic material) for which I give consent. However I also understand that there is a low possibility that I may be identified from the clinical information.

(2) If the publication or product is published on an open access basis, I understand that it may be accessed freely throughout the world.

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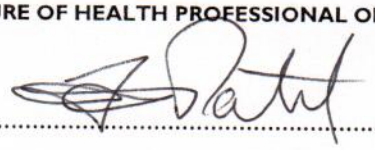
***SIGNATURE OF PATIENT/PARENT// GUARDIAN / NEXT OF KIN .....

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

[ADDRESS] 1650 W. HARRISON ST., STE 550
CHICAGO, IL 60612

[DATE] 5-15-20

SIGNATURE OF HEALTH PROFESSIONAL OBTAINING PERMISSION (IF APPROPRIATE)



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[DATE] 5/15/20

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.