The consent to making a video recording and to its distribution for the purposes of documentation, medical education and research, which is required for publishing the video case report.

I, signed below, Name: Home address: Legal representative Name: Thome address: The purposes of documentation, medical education and research. I give my consent for the video recording to be placed on the medical journal's website, www.neurologiepropraxi.c. The video recording to be placed on the medical journal has assured me that neither meaning nor any other identifying information will be disclosed with any form of use of the recording The video recording is made solely for scientific purposes and will thus be reproduced and presente only in relation to medical education and research. Any commercial use or public broadcast of the recording is prohibited.	WORKPLACE ADDRESS:
Name: **Legal representative** Name:	CONSENT TO MAKING A VIDEO RECORDING and to its distribution for the purposes of documentation, medical education and research
Home address: **Legal representative** Name: **Home address:** Give my consent that ** **condition for the purposes of documentation, medical education and research. I give my consent for the video recording to be placed on the medical journal's website, www.neurologiepropraxi.c: which is intended for professionals only. My attending physician ** **title and name of attending physician** name nor any other identifying information will be disclosed with any form of use of the recording The video recording is made solely for scientific purposes and will thus be reproduced and presente only in relation to medical education and research. Any commercial use or public broadcast of the recording is prohibited. In ** In * In ** In * In *	I, signed below,
Name:	Name:
Name: Home address: Give my consent that	Home address:
Give my consent that	Legal representative
Give my consent that	Name:
title and name of person making the video condition for the purposes of documentation, medical education and research. I give my consent for the video recording to be placed on the medical journal's website, www.neurologiepropraxi.com which is intended for professionals only. My attending physician	Home address:
	condition for the purposes of documentation, medical education and research. I give my consent for the video recording to be placed on the medical journal's website, www.neurologiepropraxi.cz which is intended for professionals only. My attending physician
Patient's (legal representative's) signature	In, date
	Patient's (legal representative's) signature
Attending physician's signature	Attending physician's signature

Note: This document will remain attached to the patient's medical record.