

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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[ADDRESS] 11 A ROSE KENEDY LANE
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[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.

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