

## PERMISSION REQUEST FORM

To: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title of Clinic: \_\_\_\_\_  
Publication date of Clinic: \_\_\_\_\_  
Name(s) of Guest Editor(s): \_\_\_\_\_  
Author applying for permission: \_\_\_\_\_  
Figure/Table Number as will appear in Clinic: \_\_\_\_\_

W.B. Saunders, an Elsevier Science Company, is preparing to publish an issue of the Clinics of North America. Your permission is requested to reproduce and, if necessary, to redraw or modify the following material for use in this and all subsequent editions of the work, in English and in all other languages, translations, and other derivative works for distribution throughout the World, in all media including electronic/online and microfilm. Please note that the Clinics of North America are published simultaneously in both print and electronic formats.

Full credit to the original source will be given. If you grant permission, please sign this form in the space provided and return it to me. If permission of the author or the artist is needed, kindly provide his/her address. If specific credit to the author or artist is needed, please so indicate. Thank you.

*For signature by publisher (copyright holder) granting permission:*

Permission is hereby granted:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Please direct this release to:**

W.B. Saunders/Elsevier Science  
Clinics Department  
The Curtis Center, Suite 300  
Independence Square West  
Philadelphia, PA 19106-3399

**Attn:** \_\_\_\_\_

Telephone: 215-238-\_\_\_\_\_

Fax: 215-238-8772