**Patient Consent Form for Articles Containing   
Patient Details and/or Images**

This form provides consent for MDPI to publish details and/or images from patients. It must be completed prior to publication.

**Patient/representative details**

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a representative is signing on the patient’s behalf:

Name of patient representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of representative to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

**Article details**

Article title: Flexible Virtual Reality system for neurorehabilitation and quality of life improvement

Journal: MDPI Sensors special issue, "Smart Sensors and Measurements Methods for Quality of Life and Ambient Assisted Living"

Authors: Iulia-Cristina Stanica, Florica Moldoveanu, Giovanni-Paul Portelli, Maria-Iuliana Dascalu, Alin Moldoveanu and Mariana Georgiana Ristea

**Declaration by patient or their representative**

I, the patient named above or the patient’s representative, have read the abovenamed article in full (including text, figures, and supplementary material) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the patient) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.

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I understand that I/the patient will receive no financial benefit or compensation from publication of the article.

Patient and/or representative signature(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, date:

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