Case Report Title: Co-Existing Subaortic Stenosis in a patient with hypertrophic obstructive Cardiomyopathy (HOCM) - A rare and interesting finding.

I, __________ [FULL NAME] have been treated by Dr. Raja Shakeel Mushitaque [FULL NAME] at National Institute of Cardiovascular Disease hospital. I confirm that I am legally entitled to give this consent. I am signing this consent form, I authorize this practitioner and other co-authors to write a case report about medical condition and my treatment. I understand the following:

I will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future. By signing this consent form does not remove my rights to privacy. My name and protected health information (PHI) will not be shared; unless my authorship is requested and consented. My information being used for this case report includes relevant to this case includes disease history, laboratory or diagnostic findings, and prescribed treatment protocols. A summary of my treatment will be presented for evaluation by a panel of experts and researchers and may be published in a medical journal under open access license (everybody can see and read such publication freely online) and/or presented at a medical conference, and I give permission for such publication or presentation. Allowing my information to be used in this case report will not involve any additional costs to me and I will not receive any compensation.

By signing this form, I confirm that:

• The case report has been fully explained to me and all of my questions have been answered to my satisfaction

• I have been informed that I am not obligated to participate in this case report

• I authorize access to my personal health information (medical record) as explained in this form

• I have agreed to participate in this case report

• I have seen a version of a case report to be submitted or published and I agree to sign it

Patient
Name: MALAIKA BIBI
Date: 17-08-2020
Signature: [Signature]

Caregiver/Doctor
Name: Dr. Raja Shakeel Mushitaque
Date: 17-08-2020
Signature: [Signature]
Co-Existing Subarachnoid Stenosis in a Patient with Hypertrophic Obstructive
Cardiomyopathy: Clinically Adequate and Intriguing Finding

(To identify the true disease and to provide knowledge and further treatment option)