Case Report

**The title of the paper should be written here and the length should be maximum two lines and do not capitalized**

**(Arial Font: 18pt, Bold, centred)**

Author One1,[[1]](#footnote-1), Author Two2, Author Three1

(Arial Font: 14pt, Bold, centred) (Names should be written in First Name Surname order)

Author Affiliations

1 Faculty of Medicine, Universitas Muhammadiyah Surakarta (UMS), Jalan Ahmad Yani, Sukoharjo, 57169, Central Java, Indonesia

2 Faculty of Education Sciences, Universitas Muhammadiyah Surakarta (UMS), Surakarta, Indonesia

(Arial Font: 10pt, italic, centred)(if authors share the same affiliation, list the affiliation one time and number accordingly)(use complete addresses, including country name or code).

Author Emails

Use superscript letters such as “a)” to indicate the author’s e-mail address below.   
Use b), c), etc. to indicate e-mail addresses for more than 1 author.   
a)Corresponding author: [your@emailaddress.xxx](mailto:your@emailaddress.xxx) b)[anotherauthor@thisaddress.yyy](mailto:anotherauthor@thisaddress.yyy)   
(Arial Font: 10 pt, Italic, Centered)

**Introduction (10.5 pt, Arial)**

The introduction outlines the background of the problem, a brief theoretical foundation of the case, and the importance and rationale of the case being reported. The introduction ends with one sentence describing the patient and the underlying condition.

The maximum length of the introduction is 3 paragraphs, typed in 1.15 spaces, Arial 10.5 pt font.

**Case Description (10.5 pt, Arial)**

In the case description section, the patient's brief medical history, physical examination data, other supporting diagnostic examinations, treatment plan, and expected results of the treatment plan, follow-up and side effects or unexpected events are written. If photos (of the patient or supporting examination data) are displayed, the patient's identity must be kept confidential. Typed in 1.15 spaces, Arial 10.5 pt font.

**Discussion (10.5 pt, Arial)**

The discussion is written to address and analyze the strength of the diagnosis, success or limitations of the management, suggestions and follow-up, focusing on why the case is important and the issues addressed,

Followed by a summary of the published literature on the topic. This section discusses existing theories and research results on the patient's main problem.

Finally, the case report should contain lessons learned from the case and how this evidence can be useful for future clinical practice. Discussion is typed in 1.15 spaces, Arial 10.5 font.

**Conclusion (10.5 pt, Arial)**

A brief explanation of the key points discussed in this case report, followed by logical advice or counsel to clinicians, educators, or researchers. Written in one paragraph, typed in 1.15 spaces, Arial 10.5 font.

**Conflict of Interest (If any, 10.5 pt, Arial)**

The author must declare whether or not there is a conflict of interest.

**Consent Form**

Include the manner and form of consent given by the patient (written or verbal?). If the patient is a child, parental consent is required.

**Acknowledgement (If any, 10.5 pt, Arial)**

Addressed to those who assisted in the research/writing.

**References**

Written in detail, according to the references in the article narrative. Only include sources referenced in the narrative. Bibliography and citations are written using Harvard Style. Writing a bibliography is recommended using a Reference Manager application, such as: Mendeley, Zotero, Reffwork, End Note, and others. Textbook reference sources are maximum published in the last 10 years. Primary reference sources of research articles in journals or research reports for a maximum of the last 5 years.

Bibliography and citations using Harvard Style. The bibliography uses a maximum of 10 years of literature sources at least 5 years before the research. Primary sources (research journals) are preferred.

Writing a bibliography is recommended using a referencemanager application,

such as: Mendeley, Zotero, Reffwork, Endnote, and others (ARIAL, 11, space 1, add space after paragraph).

The author of an article does not have to be a person, it can also be an organization (e.g. WHO, CDC). References do not need to be italicized, whether for journal names, book names, or others. Example:

Brown GC, Brown MM, Sharma S, Brown H, Smithen L, Leeser DB, Beauchamp G (2004). Value-based medicine and ophthalmology: an appraisal of cost-utility analyses. Trans Am Ophthalmol Soc.; 102: 177–188.

Note the punctuation as in the example. If there are more than seven authors of a study, mention only up to the first 7 names of the authors, the rest are written et al. Example:

Argent A, Kissoon N, Devictor D, Madden M, Singhi S, et al. (2009). Response to: Twenty-three thousand unnecessary deaths every day: What are you doing about it? Pediatric Critical Care Medicine, 10 (5): 610-612

1. Corresponding author: [author@email.org](mailto:author@email.org).me [↑](#footnote-ref-1)