Consent Proforma

RAWAL INSTITUTE OF HEALTH SCIENCES

DEPARTMENT OF OPERATIVE DENTISTRY

 Been informed and understood the procedure and protocol of the study.

 Had all questions and queries answered to my satisfaction.

 Been informed of the possible risks or side effects of the tests or procedures being conducted.

 Understood that the project is for the purpose of research

 Understood that the project may involve randomization of participants.

 Been informed that the confidentiality of the information will be maintained and safeguarded.

 Given permission for medical practitioners, other health professionals, hospitals or laboratories outside this hospital, to release information concerning my dental problem and treatment which is needed for this trial and understand that such information will remain confidential.

 Been assured that I am free to withdraw at any time without comment or penalty; and

 Agreed to participate in the study project with my free will and wish.

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Signature of the Participant Signature of the Doctor