

International Dental & Medical Journal of Advanced Research

CERTIFICATE OF CONSENT FOR PARTICIPATING IN STUDY

I (name of subject) _____ is ready to take part in the proposed experiment. The course and nature of the procedure have been explained to me with possible benefits and risks. All of the above has been explained to me in a language I best comprehend and I hereby give my full consent to participate in the study.

1. Name of the Subject: _____

Signature with date: _____

2. Name of the investigator: _____

Signature with date: _____