



INFORMED CONSENT FOR CLINICAL STUDY

Form # KSU-REC 006QS-E

King Saud University, Riyadh, Kingdom of Saudi Arabia

Research Project Title: **Rotational relapse of anterior teeth after circumferential supracrestal fiberotomy following orthodontic treatment**

Name of Principal Investigator: Reham AL Jasser


Name and address of Institution: King Saud University, College of Dentistry, Department of Periodontics
Riyadh, Saudi Arabia

Contact no: 00966534119922

Dear Participants,

I would like to ask this opportunity if you are willing to take part of this clinical study. All information and clinical parameters collected in this study will be treated confidential. If you are willing to participate voluntarily in this study, please sign this form and will be given a copy for your own records. In addition, I would ask for your permission to use gathered data for publication of findings at the end of the study

Signed by:

Investigator's Complete Name:	Reham AL Jasser
Study Designation:	Observational, clinical based
Signature:	
Date (dd/mmm/yyyy):	23/11/17

[] I agree to participate in this study survey, and to utilize the information for scientific research purposes.

[] I agree to allow the researchers to audiotape my voice as in interview for research purpose, (if applicable).

[] I agree to allow the researchers to access my existing medical records, both electronic and paper, for their study, and to collect the data prospectively, generating from routine practice and procedure.



King Saud University
Vice Rectorate for Graduate Studies & Scientific Research
Deanship of Scientific Research
Research Ethics Committee

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وكالة الجامعة للدراسات العليا والبحث العلمي
عمادة البحث العلمي
لجنة أخلاقيات البحوث

Signed by:

Participant's Name:	
Signature:	
Date (dd/mmm/yyyy):	