

Participant Identification Number for this trial:

CONSENT FORM

Title of Project: What is the scope for low field MRI to replace cone beam computed tomography in dentistry?

Name of Researcher: Dr. Saoirse O'Toole and Dr Jonathan Davies

Please initial box

1. I confirm that I have read the information sheet dated 14/03/2025 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that I will need to attend a separate hospital site for my magnetic resonance imaging scan. ☐
4. I understand that I will then need to return for a visit to discuss the results of my scan and my care may change because of the new information provided by the scan. ☐
5. I consent that my deidentified data, trial information and questionnaires answered can be sent to academic partners for analysis as part of the trial. ☐
6. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust to monitor the study, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
7. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature