Study Title: Patient-Centered Outcomes Throughout Peri-Implantitis Therapy: A Prospective Multicenter Observational Study

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PARTICIPANT INFORMED CONSENT FORM

Study Title: Patient-Centered Outcomes Throughout Peri-Implantitis Therapy: A Prospective Multicenter Observational Study

Mr./Ms. ..... as the participant, holder of National ID/Passport No. ....., or as the legal representative, family member, or other authorized representative of the participant, Mr./Ms. ....., holder of National ID/Passport No. .....

I DECLARE that Dr. Anna Ribas Garcia has provided me with sufficient information about the study and has given me the corresponding Participant Information Sheet.

I have understood the explanations provided to me in clear and simple language, and the investigator has given me the opportunity to ask questions, make any observations, and has answered all of my questions satisfactorily.

I also understand that I may withdraw my consent and discontinue my participation in the study at any time, without providing any explanation and without any consequences.

Therefore, I confirm that I am satisfied with the information I have received and voluntarily agree to participate in this study.

Signature	Signature	Signature
Investigator	Participant	Participant's Legal Representative

L'Hospitalet de Llobregat, ... of ....., 20 .....

PARTICIPANT INFORMED CONSENT FORM

WITHDRAWAL OF CONSENT

Mr./Ms. ..... as the participant, holder of National ID/Passport No. ....., or as the legal representative, family member, or other authorized representative of the participant, Mr./Ms. ....., holder of National ID/Passport No. .....

I DECLARE THAT:

Dr. Anna Ribas Garcia has adequately informed me about the study entitled Patient-Centered Outcomes Throughout Peri-Implantitis Therapy: A Prospective Multicenter Observational Study.

I HEREBY WITHDRAW my consent to participate in this study and understand that this decision will not affect my future care or my relationship with the investigators or the participating institutions.

Signature	Signature	Signature
Investigator	Participant	Participant's Legal Representative

L'Hospitalet de Llobregat, ... of ....., 20 .....