

Clinical evaluation of the effect of the scanning pattern on complete-arch
implant scans (strategies IOS)

C.I. 22/645-E

November, 23th, 2022

Informed Consent Form

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INFORMED CONSENT

I, (name of participant/patient)

.....

....., on behalf

of myself, and acknowledging that I have taken into account your previously expressed wishes or objections regarding this study, I confirm that I have read the information sheet that has been delivered to me. I affirm that I have understood what it puts in it and that I have been given the opportunity to ask the questions that I have considered necessary to be able to understand it well, for which I express my free and informed will to voluntarily accept my participation in the study "Accuracy and scanning time in different full-arch intraoral digital impression systems", I subscribe that a copy of this consent is given to me and I expressly consent, through my signature, to the processing of my personal data for the aforementioned purposes, in relation to the management and execution of the research project.

On _____ of _____ of 20

Name and surname

Name and surname of the participant/representative of the researcher:

RIGHT OF REVOCATION

(In case you want to exercise your right to withdraw your consent)

I (participant/patient name)

On behalf of myself/or (check all that apply)

On behalf of another person whose name I am going to indicate (check all that apply).

Name of whom I represent:

And, acknowledging having taken into account your previously expressed wishes or objections regarding this study.

I revoke the informed consent previously granted today of of and I do not wish to continue in the study, terminating it from the date described above. In addition, I sign that a copy of this revocation is delivered to me.

Name and surname

Name and surname of the participant/representative of the researcher:

