



Universidad  
Rey Juan Carlos

**PERCUTANEOUS ELECTRICAL NERVE STIMULATION OF THE MANDIBULAR  
NERVE FOR THE MANAGEMENT OF PAIN AND FUNCTIONALITY IN PATIENTS  
WITH TEMPOROMANDIBULAR DISORDERS.**

Controlled and Randomized Trial.

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**INFORMED CONSENT**

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**Me :**

I confirm that I have read the information sheet that has been handed 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 in order to understand it well, so I express my free and informed will to voluntarily accept my participation in the study, and I hereby acknowledge and agree that a copy of this consent is given to me and I expressly consent, by my signature, to the processing of my personal data for the above-mentioned purposes in connection with the research project.

Place: \_\_\_\_\_ Date: \_\_\_\_ of \_\_\_\_\_ 20

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

**Name and surname of the/the researcher/:**

**Signature of the participant**

**Signature of the researcher**

**RIGHT OF REVOCATION**

(If you wish to exercise your right to withdraw your consent)

**Me,**

(name/participant/patient or representative as appropriate):

- ☐ On behalf of myself/or (tick as appropriate)

I revoke the informed consent granted to day ..... of....., no  
wishing to continue with the study and to terminate it from the date described above.  
In addition, I agree that a copy of this revocation is given to me.

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

**Name and surname of the/the researcher/:**

**Signature**

**Signature**