

Study Number:

Patient Identification Number for this trial:

CONSENT FORM FOR RESEARCH STUDY

Title of Project: "Success and survival of root canal treated tooth restored using ceramic onlays"

Name of Researcher: Noushad Rahim

**Please initial in
the boxes to confirm**

- I confirm that I have read and understood the information sheet dated **06-11-2017** (version **1.7**) for the above study. ☐
- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- 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. ☐
- I understand that relevant sections of any of my medical notes and data collected during the study may be looked at by responsible individuals from Guy's Hospital, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
- I agree to take part in the above research study. ☐

_____	_____	_____
Name of Patient	Date	Signature

_____	_____	_____
Name of Person Taking Consent	Date	Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.