



Oral & Maxillofacial Surgery  
Implantology Department

University of Sharjah  
College of Dentistry  
University Dental Hospital

### **Informed Consent form**

**Project title:** The Effect of Therapeutic Ultrasound on Osseointegration and Marginal Bone Loss around Implant Supported Prostheses.

**Principle Investigator:** Dr. Elaf Akram Al Zubaidi, College of Dentistry, University of Sharjah

**Mobile Number:** 050-7108284

Dear Patient,

You are invited to participate in a study that evaluates the effect of ultrasound on marginal bone loss around dental implants following prosthesis delivery. This study will be conducted by the College of Dentistry and University Dental Hospital. This study was approved by the Research and Ethics Committee at the University of Sharjah.

If you agree to be part of this study, your name will be assigned to either group with another 20 patients selected to participate in this study where ultrasound will be used in one group and withdrawn from the other one.

*If your name will be in this group*, the ultrasound will be applied 2 weeks following implant placement 3 times a week for 6 sessions then on day of prosthesis delivery the ultrasound will be applied again 3 times a week for another 6 sessions. CBCT will be used on day of prosthesis, 3 months and 6 months after. .

*Or your name will be in this group* so the CBCT will be used on the day of prosthesis delivery, 3 months and after 6 months without ultrasound intervention..

Like any other dental procedure , you might develop side effects like mild heat or pain. On-call doctor is available for any emergency along with a 24/7 emergency mobile number line 06-5057666

By participating in this study, you may help doctors and dentists develop better treatment plan for implant increase its success rate and lessen its failure rate and providing better looking prosthesis.

Participation in this study is entirely voluntarily without any enforcement. You may refuse to participate or withdraw from the study at any time and this will not affect your current or future health care at our hospital, thus you will still receive the routine treatment provided by our hospital for you condition for free.

There is no charge to you for being in our study. You will also not receive any payment for being in the study.

We would like to assure you that all data will be strictly confidential and cannot be linked to your name. Your identity will not be revealed while the study is conducted or when the study is reported or published.

Please read the above paragraphs, if you have any questions, please ask your doctor before signing.

This is my consent for Dr..... to perform the following treatment, procedure and surgery under local anesthesia.

I .....agree to participate in this research study.  
The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily

**Name & Signature of participant.....**

**Date.....**

**Name & Signature of Investigator .....**

**Date.....**

**Name & Signature of Witness .....**

**Date.....**

**Patient's Material Publication Consent Form**  
**Signature Page**

**Research Title:** \_\_\_\_\_

**Researcher's Name:**  
\_\_\_\_\_

**To become a part this study, you or your legal representative must sign this page.**

**By signing this page, I am confirming the following:**

- **I understood that my name will not appear on the materials published and there has been efforts to make sure that the privacy of my name is kept confidential although the confidentiality is not completely guaranteed due to unexpected circumstances.**
- **I have read the materials or general description of what the material contains and reviewed all photographs and figures in which I am included that could be published.**
- **I have been offered the opportunity to read the manuscript and to see all materials in which I am included, but have waived my right to do so.**
- **All the published materials will be shared among the medical practitioners, scientists and journalist world wide.**
- **The materials will also be used in local publications, book publications and accessed by many local and international doctors world wide.**
- **I hereby agree and allow the materials to be used in other publications required by other publishers with these conditions:**
- **The materials will not be used as advertisement purposes nor as packaging materials.**
- **The materials will not be used out of context – i.e.: Sample pictures will not be used in an article which is unrelated subject to the picture.**

**Name & Signature of participant.....**

**Date.....**