

Informed Consent Form

Study title: **Topical polyherbal phytopreparation as an adjunct to scaling and root planing in patients with periodontitis: randomized controlled clinical study**

Please initial each box:

- I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my care being affected.
- I understand that data collected during the study may be used in scientific publications, but my identity will remain confidential.
- I understand that authorized individuals from the research team may access my medical/dental records where relevant for the purposes of this study.
- I agree to take part in the above study.

Participant name: _____

Participant signature: _____ Date: _____

Researcher / PI name: Milica Petrović, Assistant Professor, DDS, PhD

Researcher signature: _____ Date: _____

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