Informed Consent for Participation in the Study
Thermographic Assessment of Muscle Tension and the Effects of Physical Exercises for Muscle Release/Relaxation in Dentists Performing Endodontic Treatments Using a Microscope

I hereby certify that the investigator, Dr. ……., has informed me about the nature, significance, and importance of the experiment contemplated by the study and has allowed me sufficient time to consider my decision regarding participation.
I have been provided with the information intended for participants. I consider myself sufficiently informed and understand what the study involves.
The investigator has given me sufficient opportunities to ask questions, and I have received satisfactory answers to those questions.
I have had sufficient time to make my decision. My consent to participate in this research as a subject is given freely. I have been informed that I may withdraw my consent at any time without giving reasons and without any consequences.
I have received a copy of the participant information and of this consent form, which I have signed.
I hereby declare that I agree to participate in the study entitled “Thermographic Assessment of Muscle Tension and the Effects of Physical Exercises for Muscle Release/Relaxation in Dentists Performing Endodontic Treatments Using a Microscope” and I agree that my personal data be kept confidential.

Place/Date:

Participant’s signature:

I hereby certify that I have clearly explained, in language understandable to the above-mentioned person, the contents of the participant information regarding the nature, significance, and importance of the study, as well as the presentation and use of the data collected.

Place/Date:

Investigator’s signature: