Information Sheet and Informed Consent Form

Title of the Study:

Evaluation of the Effectiveness of Hyaluronic Acid Gel Loaded with Simvastatin on the Osseointegration and Stability of the Dental Implant.

Purpose of the Study:

The purpose of this study is to evaluate the effectiveness of a Hyaluronic Acid gel loaded with Simvastatin in enhancing the osseointegration and stability of dental implants. This research aims to improve the outcomes of dental implant procedures, potentially offering better long-term success rates for patients.

Procedures Involved:

As a participant in this study, you will undergo the standard dental implant procedure with the addition of the Hyaluronic Acid gel loaded with Simvastatin. The procedure will be performed by qualified dental professionals, and follow-up visits will be scheduled to monitor the osseointegration and stability of the implant. During these visits, you will undergo radiographic imaging and other assessments as required.

Risks and Benefits:

The risks involved in this study are similar to those associated with standard dental implant procedures, including but not limited to infection, implant failure, and discomfort. The addition of the Hyaluronic Acid gel loaded with Simvastatin is expected to enhance implant stability and osseointegration, potentially reducing the risk of implant failure. Participants may benefit from improved implant outcomes. However, these benefits are not guaranteed.

Confidentiality:

Your participation in this study will be kept confidential. All data collected will be anonymized and stored securely. Only the research team will have access to your personal information, and your identity will not be disclosed in any reports or publications resulting from this study.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may choose to withdraw from the study at any time without any penalty or loss of benefits to which you are otherwise entitled.

Consent:

By signing this document, you acknowledge that you have read and understood the information provided, and you voluntarily agree to participate in this study. You will receive a copy of this consent form for your records.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Statement of investigator's responsibility: I have explained the nature, purpose, procedures, benefits, risks of, or alternatives to, this research study. I have offered to fully answer any questions. I believe that the participant understands my explanation and has freely given informed consent.

Researcher's Name: _____

Researcher's Signature: _____

Date: _____