

Syrian Arab Republic
Damascus university
College dentistry
Department of Oral Medicine



Informed consent

A declaration of consent to participate in the study
a permit

I am the undersigned

I agree to submit to all therapeutic procedures for the research
of researcher Sara Momtaz Nasr Al-kari

In the Department of Oral Medicine, Faculty of Dentistry,
Damascus University.

I have read and understood all the information and have given
sufficient time to discuss this study with the researcher and I
agree that The researcher performs the appropriate treatment
for my gummy smile and takes optical and cephalometric
pictures.

Note that I know the possibility of pain, all possible
complications, and the possibility of relapse occurring in varying
degrees.

I pledge to implement the instructions and follow up because I
am contributing as a member of a scientific research sample at
Damascus University - College of Dentistry
and my signature below confirms my approval.

The full name of the predictive research patient:
signature:

The full name of the researcher:

Signature:

The name of the supervising professor:

Signature:

the date :