

**Informed consent:** "Informed consent was obtained from all individual participants included in the study."

### **Informed Consent Form**

I voluntarily agree to participate in the study "**Cytomorphometric and Clinical Analysis of the Effects of Azithromycin and Platelet-Rich Fibrin on Wound Healing After Surgical Removal of a Mandibular Third Molar**". The study will be conducted on Department for Oral Surgery, Clinic for Dental medicine, Medical faculty, University of Niš.

I have been informed with the plan and the purpose of the study. I understand that information obtained about me will be kept confidential and will only be used for scientific purposes.

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Print Name of Participant

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Signature of Participant

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Address

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Date

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Telephone number