



INFORMED ASSENT FORM FOR SCHOOL-AGED CHILD PARTICIPANTS

Research Project Title: Comparison of the Effects of Transcutaneous Electrical Nerve Stimulation and Low-Level Laser Therapy in Non-Invasive Orthodontic Pain Control
Principal Investigator: Assist. Prof. Ersin YILDIRIM
Other Researcher(s): Dentist Neslihan BÖLENLER
Sponsor (if applicable):

Dear _____,

My name is Dentist Neslihan BÖLENLER. We are conducting a study about pain during treatment for crowded teeth, which is the problem you currently have. Our aim is to compare two methods for relieving this pain and to reduce the pain you feel, so that children with the same problem can receive braces treatment with less discomfort.

The study will involve me, Dentist Neslihan BÖLENLER, and several other doctors. If you would like to take part, two devices that will not hurt you will be used in addition to the procedures carried out for your treatment. We will tell other doctors about the results of this study, but we will not disclose your name or your results to anyone.

We will tell your mother and father about this study and ask their permission for you to take part. You may also discuss it with your mother and/or father. If you do not want to take part, no one will be angry or upset with you. The doctors will continue to treat you well and your treatment will continue in the same way as before.

You may ask me any questions that occur to you now or later. My telephone number and address are written below.

If you agree to take part in this study, please write your full name and sign below. A copy of this form will then be given to you and your family.

Child's full name: _____

Child's signature: _____

Date: _____

Parent/guardian's full name: _____

Parent/guardian's signature: _____

Date: _____

Researcher's name, title: Dentist Neslihan BÖLENLER

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Telephone: 05426641954

Signature: _____