

**Syrian Arab Republic**  
**Damascus University**  
**Faculty of Dentistry**  
**Department of Oral Medicine**



### Informed consent

Acknowledgment of consent to participate in the study  
a permit

I, the undersigned \_\_\_\_\_

I agree to undergo all necessary therapeutic procedures for the master's research by researcher Mai Adnan Gaizeh Al-Hallak, in the Department of Oral Medicine, Faculty of Dentistry, University of Damascus.

I have read and understood all of the aforementioned information and have sufficient time to discuss this study with the researcher, who in turn answered all my inquiries, and my signature at the bottom confirms my approval.

The signature:

The date: