



Mansoura University
Faculty of Dentistry
Department of Oral Medicine,
Periodontology, Diagnosis, and Oral Radiology

I agree (the patient) to participate in a medical research

Title of search	
Steps of search	1..... 2..... 3..... 4..... 5.....
Duration of search	
Place of Search	
The search results	1..... 2..... 3..... 4.....
Possible side effects	

I acknowledge the undersigned that the researcher has told me that:

- 1 Research does not conflict with the values and ethics of society.
- 2 with the assurance that I kept the search secret and my right to leave it without being questioned and affecting medical care.

The name of the patient is

Signed by the patient . . .

Signed by the principal investigator