

For Committee Use Only Consent form No.

#### **Informed Consent Form**

Screening Number	Date:
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## **Purpose of the study:**

This study is aimed to evaluate and compare the effect of using two types of orthodontic archwire ligature materials on salivary pH.

# **Study procedures:**

You will be optional to participate in the study through choosing an enclosed envelope to determine the type of archwire ligature materials to be used .

# **Benefits from the study:**

The result of this study will benefit society by providing information that may help in the minimizing the side effects of prolonged orthodontic treatment and improvement of the oral and dental health of the orthodontic patients society.

## Risk from the study:

As a result of participation in this study you will not be exposed to any serious risk. We are assuming in our study that the intervention will be through using of one type of one type of orthodontic archwire ligature throughout the study period.

#### **Complications anticipated (in case of clinical trials/ interventions):**

Complications may occasionally arise during the course of orthodontic treatment, either due to orthodontic force or due to prolong orthodontic treatment course such plaque accumulation, formation of white spot lesions, allergy and periodontal disease and attachment loss.

**Compensation:** No compensation will paid for you.

**Confidentiality:** 

All information collected in this study will be kept strictly confidential except as may be

required by law or by the funding agency. You will not be identified by name when the

results of the study are published.

**Right of participants:** 

Participation in the study is voluntary. Refusal to participate will not influence the care of

you in this institute in any way. Though we would like all study participants to complete

the participant in the study, you are free to withdraw from the study anytime. If at any

time during the course of the study, you have any questions or concerns related to the

study, you can contact the following doctor:

I, the undersigned have explained to the patient in a language he understands the

procedures to be followed in the study and risks and benefits.

Name of the investigator

Signature of the investigator:

Dr. Hind Abdulkareem Nasher AL-Hyifie

Contact information: University of Science and Technology - Telephone number

Signature:

Date: