

Informed consent

I declare that I have read the information leaflet for the trial 'Efficacy of vibrotactile device DentalVibe in reducing injection pain and anxiety during local anesthesia in pediatric dental patients' of the Department of Pediatric Dentistry - Plovdiv. I agree with my child participating in the clinical trial voluntarily. I authorize the dental practitioner to carry out the necessary examination and treatment of diseases in the oral cavity. I agree with the manipulation of local anesthesia being performed for analgesia during primary tooth extraction. I understand that, although rare, complications may arise from local anesthesia. After local anesthetic injection, the lips and cheeks have a reduced sensation usually for 1-3 hours, and as a parent / care-giver I have to help prevent self-induced trauma such as a lip bite. I agree that the patient has not had an adverse past reaction to local anesthesia. I have notified the dentist about all the medications the child is taking, as well as about any adverse reactions that have occurred with drugs, no matter how small the reaction was. I will tell the treating clinician about the severity of any side effects, if any occur. I am informed that the treatment is completely free and that we can suspend our participation at any time without any reference to the future treatment of the child. I agree that the data and the photo material obtained from the child's review and treatment can be used only for scientific and educational purposes.

Name of parent /care-giver/

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Signature of parent /care-giver/

Address:

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Telephone number:

Name of patient:

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Name of the treating dentist

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Signature

For additional information or queries regarding the trial, you can contact us on the given address, email or phone number.

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