Wisdom Tooth Surgery - Service Evaluation

Patient's Full Name:	
NHS No.:	**Hospital or Dental Practice Name:**
Hospital No.:	
Patient's Date of Birth:	**Surgeon's Name:**

CONSENT FORM	**Please tick one box for each section**	
	Yes	**No**
I have read and understood the information sheet dated 28/05/21 Version 1.4. I have had a chance to ask questions about the study and have had these answered satisfactorily.	☐	☐
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	☐	☐
I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from this clinic and the project team where it is relevant to my taking part in this project. I give permission for these individuals to have access to my records.	☐	☐
I agree to my data being shared, in a form that does not identify me, with other scientists or medical research organisations who are undertaking further wisdom tooth studies.	☐	☐
I agree to complete a short web-based survey about my recovery, 1 month and 9 months after my operation.	☐	☐
I agree to take part in this study.	☐	☐

Email address: ..... Mobile number:.....

When it is time to complete the 1 month and 9 month surveys, I would prefer to be contacted by:

Email ☐ Text message ☐ No preference ☐

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

If you do not want to take part in this study, it would be extremely helpful if you could let us know why by completing the short form overleaf.

Tick the reason(s) why you do not want to take part in this study (Tick all that apply)

- ☐ I don't want to share my personal details
- ☐ I did not understand the study information
- ☐ I don't have the time to fill out any surveys
- ☐ I don't think the study sounds very useful
- ☐ I want to keep my privacy
- ☐ I'm concerned about information security
- ☐ I've been asked to complete too many surveys
- ☐ My questions about the study were not answered clearly
- ☐ It takes too much effort
- ☐ I'm not sure how my data will be used
- ☐ I would prefer not to say
- ☐ Other: _____

Gender

- ☐ Male
- ☐ Female
- ☐ Other

Age in years: _____

Please share any comments you have about the patient leaflet and/or consent form.