

**Proforma of informed written consent**

I, \_\_\_\_\_ hereby \_\_\_\_\_ Surname

First Name

Middle Name

declare that, I voluntarily accept my participation in the study titled **“POSTOPERATIVE SEQUELAE AND QUALITY OF LIFE FOLLOWING IMPACTED MANDIBULAR THIRD MOLAR EXTRACTION USING COMPLETE CLOSURE AND SUTURELESS TECHNIQUES’**

Information pertaining to the purpose and methods of the study has been well explained to me and I fully understand the benefits and risks associated with my participation in the study. I hereby willingly give my consent to participate in the study.

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Name of witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_