**Consent form for the research subject**

Study title: **Patient’s Attitude and Knowledge towards the Usage of Barrier Technique by Orthodontists.**

Researcher: Dr. Tarulatha R Shyagali, Dr. Deepak. P. Bhayya,

 Darshan dental college and hospital, Loyara, Udaipur.

1. Mr/Mrs ………………………………….of……………………….., hereby consent my child named…………… take part in the research entitled “Patient’s Attitude and Knowledge towards the Usage of Barrier Technique by Orthodontists”.

2. I have been informed about the purpose of the study and its advantages to the medical field.

3. I understand if I am allowing my son/daughter to participate in the project he/she will have to complete the questionnaire. This will take approximately 10 minutes, which may include personal information like name, age and address.

4. I also understand that the information obtained form this project may be published in the form of article in a journal.

My consent is given freely for all the above.

Signature Date