

## BAOMS BOS Orthognathic PROM project - Consent form

Before signing this consent form, please read carefully the accompanying patient information leaflet (version: 2.0, Date: 18/01/2024) and ask your clinical team any questions you may have. Once you are satisfied, please complete the consent form below if you are happy to consent to the collection of your personal information – note you must initial all boxes to be eligible to take part.

Please **initial** or tick the boxes below

1. I confirm that I am the patient and that at the time of signing this consent form, I am at least 16 years of age or more.
2. I confirm that I have read the participant information leaflet (version 1.6, date: 01/02/2022). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
3. 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. If I choose to withdraw, I understand that no further information will be collected about me and that I will no longer be asked to complete questionnaire for this project.
4. I understand that the information collected may be used and shared to support secondary analysis.
5. I understand that my name will be collected as part of the consent process. Consent forms will be kept in the hospital where it was collected and will not be shared with any other organisations. No identifiable information will be collected as part of the questionnaire.
6. I AGREE to take part in this project and for my information to be collected.

**Patient's name and signature:**

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*To be completed by the Person taking consent: I confirm that I have discussed the collection and storage of information for the BAOMS BOS Orthognathic PROM project.*

**Name and signature of the person taking consent:**

**Date of consent:**

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For more information, please contact: BAOMS | Royal College of Surgeons of England, 38/43 Lincoln's Inn Fields, London WC2A 3PE | E: [goms@baoms.org.uk](mailto:goms@baoms.org.uk) | W: <https://bit.ly/goms-at-baoms>

The original of this form should be kept in the patient's note and one copy should be given to the patient.