



Dental Implant Registry **WITHDRAWAL Form**

You have indicated that you would like to withdraw from the Dental Implant Registry (DIR) and have communicated this information to your dentist or DIR staff. You have the right to withdraw fully from the DIR at any time and you do not have to give a reason. However, it is possible to withdraw only from certain parts of the DIR, and we would be grateful if you would consider the different options.

Withdrawing either fully or partly will not prejudice your future medical care.

Read this form carefully. Ask a member of the DIR team or your treating dentist if you have any concerns and make sure you receive satisfactory answers to your questions before you sign it. Your participation in the DIR remains confidential and results will only be available as outlined in the main consent form you signed at the start.

You have many options for continuing in the DIR. It is important for the DIR staff to understand exactly which aspects of the DIR you wish to discontinue.

WITHDRAWAL OPTIONS

Please tick one:

<input type="checkbox"/>	I want all my information to be hard deleted (removed) from the Dental Implant Registry database.
<input type="checkbox"/>	I want all my identifying information hard deleted (removed) from the Dental Implant Registry, this includes my name, date of birth, Address, Phone and Email address.
<input type="checkbox"/>	I want to withdraw from the research part of the Dental Implant Registry. My data will not be included on the Dental Implant Registry for the purpose of future Registry research.

If you are willing to be contacted for follow-up, please provide the best way of contacting you and an emergency contact:

Your contact details:

Phone _____
Email _____

Emergency contact details:

Name: _____
Phone: _____
Email: _____

By signing this form, you confirm that you have had enough time to review this form and all of your concerns and questions have been answered to your satisfaction.

I withdraw my consent for participation in the Dental Implant Registry in accordance with the withdrawal option I have selected above.

Participant's signature	Date	Participant's name (please print)
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Please send this form to admin@dentalimplantregistry.org.au or to your treating dentist.