

**Consent Form:**

Study description	<b>Binaural beats music technology; A method to reduce the level of anxiety of dental patients?</b>
Advantages	Reducing the anxiety is predictable.
Possible side Effects	Nothing
Confidentiality	Preservation of all information contained in patient records with the therapist
Answering questions	Availability of researcher phone
The right to withdraw from the study	My participation in the study is completely voluntary and I would be free to refuse to participate in the study or to leave the study at any time without any change in the behavior of the physician or the treatment and of my disease.
Consent	I am fully aware of the above and agree to participate in the research as a individual. All information obtained from me and my name and details will remain confidential and the research results will be published in general and in the form of information of the study group and individual results will be provided if necessary, without mentioning the name and personal details. I also declare the innocence of the physician or physicians from all the actions mentioned in the information sheet if they are not at fault in providing the measures. This situation will not prevent me from taking legal action against the Mazandaran School of Medical Sciences if something .wrong and inhumane is done.

**Name and surname of patient:**

*Please also mention your address and contact number*

**Signature and fingerprint of the researcher:**  
**Negareh Salehabadi**

**Researcher signature:**

It should be noted that there is no cost for individuals to perform the treatments performed in the study.