



## BOARD CERTIFICATION AND FELLOWSHIP IN MICRO RESTORATIVE AND ENDODONTICS

### Candidate/Patient Declaration Form

(This declaration must be submitted along with your case history)

|                    |  |
|--------------------|--|
| Candidate's Name   |  |
| Examination Number |  |
| Examination Date   |  |

|                         |  |
|-------------------------|--|
| Patient's Name          |  |
| Patient's Date of Birth |  |

#### Candidate Declaration

I certify that I have personally carried out the treatment for the patient mentioned above.

|                       |  |
|-----------------------|--|
| Candidate's Signature |  |
| Date                  |  |

#### Patient Declaration

I understand that the treatment I received has been documented for use in the Fellowship Examination and I agree unconditionally for this to be submitted to the IBMRE. I understand that my /son's /daughter's case history may be uploaded to a secure webpage for scrutiny by examiners but that this information will never be in the public domain. In the unlikely event that the board needs to contact me regarding any particulars of my case I agree to IBMRE contacting me directly and confidentially at the address below:

Patient's Name and address:

Patients' Signature

Email/Telephone