

# Maternal Oral Health and Dental care access Enablers

(The MODE exploratory study)

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I, (insert your name)

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have read the above information and am interested in hearing more about the MODE study.

I hereby give my consent for the research team to contact me to tell me more about the study and my potential participation. My preferred form of contact is:

Telephone Contact:

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Email contact:

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Address contact:

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Online (Whatsapp/Skype/Twitter etc.) contact:

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Signature:

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Date:

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