

## **ANNEXURE – I**

DEPARTMENT OF PERIODONTICS  
KLE VISHWANATH KATTI INSTITUTE OF DENTAL SCIENCES  
BELGAUM, KARNATAKA

“POOR PERIODONTAL HEALTH AS A RISK FACTOR FOR LOW BIRTH WEIGHT  
OF THE INFANTS”

### **PROFORMA**

- Name:**
  
- Age:**
  
- Address:**
  
- Education:**
  
- Hb%:**
  
- Obstetric History:**
  - h/o abortions - Yes/No
  
- Antenatal care - Yes/No**
  
- Gender of infant :**
  
- Weight of infant :**
  
- H/o dental treatment : Yes/No**

**Adverse oral habits**

- Tobacco - Yes/No
- Paan - Yes/No
- Areca nut - Yes/No

 **Community Periodontal Index**

<b>17</b>	<b>16</b>	<b>11</b>	<b>26</b>	<b>27</b>
<b>47</b>	<b>46</b>	<b>31</b>	<b>36</b>	<b>37</b>

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**ANNEXURE – II**

DEPARTMENT OF PERIODONTICS  
KLE VISHWANATH KATTI INSTITUTE OF DENTAL SCIENCES  
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“POOR PERIODONTAL HEALTH AS A RISK FACTOR FOR LOW BIRTH WEIGHT  
INFANTS”

**CONSENT FORM**

I, \_\_\_\_\_ aged \_\_\_\_\_ have  
been informed about my involvement in the study:

- 1) I agree to give my personal details like name, age, sex, address, previous dental history, obstetric history, gestational age, sex and birth weight of my child and any other details required for the study to the best of my knowledge.
- 2) I will cooperate with the dentist for my intra oral examination.
- 3) I will follow the instructions given to me by the doctor during the study.
- 4) I permit the operator to utilize the information given by me and results obtained from this study for presentation and publication.
- 5) I will not claim any returns for my cooperation in the study, even if it is being sponsored by any agency. I am participating with my own will and wish.
- 6) If I am unable to participate in the study, for reasons unknown, I can withdraw from the study.

In my full consciousness and presence of mind, after understanding all the procedure in my vernacular language, I am willing and give my consent to participate in this study.

**Subject's name:**

**Witness's name:**

**Signature of the Subject:**

**Signature of the Witness:**

**Date:**

**Dentist's name:**

**Place:**

**Signature of Dentist:**

## ANNEXURE - III

ACCEPTANCE LETTER FOR PUBLICATION**INDIAN JOURNAL OF STOMATOLOGY**

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To,

8/2/2011

Dr. Shaila V. Kothiwale, Dr. B.R Desai, M.D Mallapur

Acceptance Letter

Dear author/s,

Its my privilege to inform you that, your manuscript entitled, "Poor Periodontal Health As A Risk Indicator For Low Birth Weight Of The Infants" (Ref: IJS/231) has been accepted for publishing in the Volume 2/ Issue 3 (Jul-Sep 2011) of the journal.

We are thankful for your valuable contributions to IJS

Thanking You

Yours Truly

Dr Santosh patil

Editor-in-chief

IN PARTNERSHIP WITH

(PID 65791)

