| CONSENT FORM: |
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| Patient Name: Ms. Iram Adeel Mehboob |
| Patient isweek/s pregnant advised to ask consent from her Gynecologist before proceeding a dental treatment. Patient refused and wants to do a dental cleaning since she is travelling soon. |
| Any complication might occur, clinic will not be responsible. |
| Patient Name: Jam Adel |
| Signature: |
| Date: <u>28/06/2023</u> . |