

full.

I have read all what is mentioned above and I will sign below in agreement on it.

**Sign here, only if all of your questions have been answered to your satisfaction**

Kanishka Wadhwa



24-Feb-2024

**Patient's name**

**Signature of Patient Legally authorized Representative**

**Date**

24-Feb-2024

**Witness Signature**

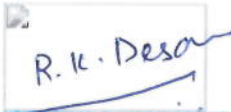


**Date**

Dr. Rutul Desai

24-Feb-2024

**Dentist's Signature**



**Date**

