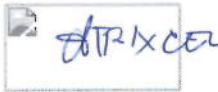


Patient / Parent / Guardian Signature:

If Guardian, relation to the Patient

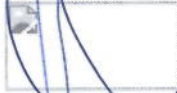


Witness Name

Witness Signature

Witness ID

Shyam Bhat



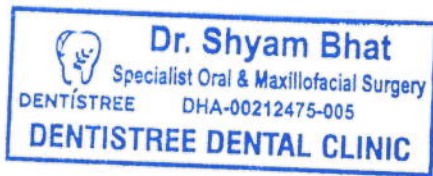
09-03-2024

Dental Surgeon's Name

Dental Surgeon's Signature

Date





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