☐ I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.		
Sign here, only if all of your questions have been answered to your satisfaction		
Ronny New Henriksen	Replant	08-03-2024
Patient's name	Signature of Patient Legally authorized Representative	Date
Songe Witness Signature  R. K. Desar	Dong	08-03-2024  Date  08-03-2024
Dentist's Signature	Or. Rutul Desai General Pontist DENTISTREE DHA-44339326-001 DENTISTREE DENTAL CLINIC	Date

.