



DENTISTREE DENTAL CLINIC

Patient File No	:	1843	DOB	:	01-Nov-1989
Patient Name	:	Sarah Quindoza	Gender	:	Female
Nationality	:	Philippine	Date	:	14-Mar-2024
Emirates ID	:	784-1989-4292407-1			

Teeth Cleaning

Teeth's cleaning is a process in which plaque (a thin soft white layer covering the teeth) or calculus (the hardened or calcified plaque) is removed using the latest dental ultrasonic machine at high speed with water spray as a coolant. Plaque usually needs one session of cleaning after which airflow technique and professional polishing is performed. As for calculus it may require 1 to 2 sessions depending on its extent. If its superficial then one session is required after which polishing is done to smooth the teeth. If the calculus is deep then that requires 2 or more sessions of deep scaling in which the roots are also cleaned, smoothed and polished. If any further treatment is unexpectedly added to the treatment plan for any reason, it would be subject to additional cost which the patient has to pay, and would require extra treatment time and extra sessions. After scaling the patient may feel slight to moderate sensitivity depending on extend of the calculus. Some mobility may be experienced in cases of deep scaling the severity of which depends on extend of bone loss and may require further treatment. Some patients may notice some spaces between their teeth those are due to the removal of the calculus that was occupying that space.

In case the patient insisted on modifying the treatment plan against the doctor's recommendations then he/she or his/her representative or the person responsible for him/her has to sign a pledge that exempts Dentistree Dental Clinic, and its Dentists, in full from of any liability whatsoever, whether financial, medical, legal or moral.

The patient's absence on the dates and timings set for him/her or lack of commitment to the doctor's instructions could lead to complications that would change the treatment plan, or lead to its failure, and in such case, he/she alone would be responsible to pay the cost of the original treatment plan already agreed upon in addition to the additional cost resulting from modifying the treatment plan. The patient in this case is responsible about the results whatsoever and should fully exempt Dentistree Dental Clinic and its doctors from any liability whether financial, medical legal or moral.

The cost of all stages of treatment must be paid in full in advance and is non-refundable at any stage of the treatment,

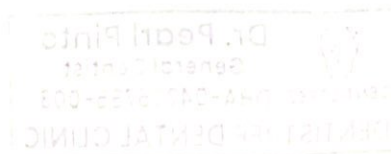
تنظيف الأسنان

نان هي عبارة عن تنظيف البلاك (هي طبقة بيضاء ناعمة تغطي السن) (ك المتصلب) بواسطة أحدث أجهزة التنظيف الفوق صوتية التي يد. البلاك يحتاج بالأغلب جلسة واحدة للتنظيف من بعدها يتم تلميع جون يستخدم خصيصاً. أما تنظيف الجير فيتطلب من جلسة الى اعتمادا على مدى إنتشار أو حدة الجير. اذا كان الجير سطحي فعلى جلسة واحدة لتنظيف و تنعيم و تلميع السن. أما إذا كان الجير منتشر المريض لجلساتان او أكثر من التنظيف العميق و من بعدها يتم تنعيم ذر. اي علاج آخر يطراء على خطة العلاج لاي سبب فله تكلفة اضافية دفعها ويتطلب وقت ومواعيد علاج اضافية. بعد التنظيف ممكن ان اسية خفيفة الى متوسطة حسب نسبة الجير و اذا كان الجير ممتد كثيرا حركة أو خلخلة في السن وقد يحتاج المريض لخطة علاج اضافية. قد التنظيف وجود فراغات بين الأسنان ذلك بسبب ازالة الجير الذي كان ، في حال إصرار المريض على تغيير خطه العلاج بما يتعارض مع نصائح أو من يمثله أو المسؤول عنه التوقيع على التعهد الخاص بذلك والذي دينتاستري للسنناتواطبائه بشكل كامل من أي مسؤولية مالية أو طبيه أو هما كانت.

بض بالمواعيد المحددة له أو تعليمات الأطباء قد تؤدي الى مضاعفات نج أو تؤدي إلى فشلها، وفي هذه الحالة يتحمل هو وحده تكلفة خطة نفق عليها إضافة إلى التكلفة الإضافية الناتجة عن تعديل خطة العلاج ، أيضا أي مسؤولية أخرى دون تحمل عيادة دينتاستري للسنناتو مادة أو طبية أو قانونية أو معنوية مهما كانت.

إحل العلاج يجب أن تدفع مقدماً بالكامل و هي غير مرتجعة في أي العلاج حتى ولم يكمل المريض العلاج لأي سبب. إن توقيع المريض أو ، أو يمثله على هذه الورقة يعني أنه؛ قرأها وفهم مافيهما وقبلها واستفسر به كل ما يتعلق بالعلاج من أطباء العيادة و من أي جهة أخرى يريداه ب من اطباء عيادة دينتاستري للسنناتالبدء في العلاج وفوضهم سب لعلاجه وتعهد بالإلتزام بتعليماتهم و مواعيد العلاج و بدفع كامل

؛ عليه أوقع توقيع المريض/ المريضة أو من يمثله:



even if the patient did not complete the treatment for any reason whatsoever.


Signing this paper by the patient or any who is responsible for him/her or represents him/her means that:

He/she has read the paper and understood its contents, and has questioned in a full and satisfactory manner about everything related to the treatment from the doctors of the clinic and any other party they want to consult, and that the patient has approved what was explained to them and requested the physicians of Dentistree Dental Clinic to begin the treatment and gave them the authority to do whatever they consider is appropriate for his/her case, and pledged to follow their instructions, attend all the treatment sessions on time and pay the treatment cost in full. He/she has read the paper and understood its contents, and has questioned in a full and satisfactory manner about everything related to the treatment from the doctors of the clinic and any other party they want to consult, and that the patient has approved what was explained to them and requested the physicians of Dentistree Dental Clinic to begin the treatment and gave them the authority to do whatever they consider is appropriate for his/her case, and pledged to follow their instructions, attend all the treatment sessions on time and pay the treatment cost in 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

Sarah Quindoza



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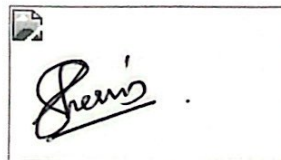
Patient's name

Signature of Patient Legally authorized Representative

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Witness Signature

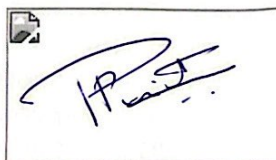


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Pearl Pinto

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Dentist's Signature



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