



# DENTISTREE DENTAL CLINIC

Patient File No : 3183  
Patient Name : Khaoula Mazouzi DOB : 01-Jun-1997  
Nationality : Moroccan Gender : Female  
Emirates ID : 784-1997-3208756-6 Date : 19-Mar-2024

## Teeth Whitening

## تبييض الأسنان

Teeth discolor as time passes due to the teeth's defected structure, patient habits, and environmental causes. Most of teeth discolorations can be treated with teeth whitening. The process of teeth whitening requires proper isolation of the gums. After that is achieved the whitening gel is applied onto the teeth's surfaces and activated by plasma light for 1 hour. The results are instant. The results vary from one person to the other and depend on the cause of discoloration and the teeth's degree of discoloration. If the desired shade is not reached the treatment could be repeated at a later day and the patient will pay the full cost at each session. The patient is advised to refrain from consuming tobacco, tea or coffee for at least the first week after bleaching. The longevity of the results varies from one patient to the other and may last from days to months. In some cases, the patient may feel some sensitivity or pain after bleaching this will be resolved by itself in a matter of days and could be treated by using over the counter pain sedatives. If the sensitivity or pain persists the patient should consult his/her doctor. In case the patient had any tooth colored filling in one or more of the teeth to be bleached will have a different color because the filling doesn't respond to bleaching. Any further treatment happens unexpectedly to the treatment plan for any reason, would be subject to additional cost which the patient has to pay, and would require extra treatment time and extra sessions. After treatment patient may feel pain, burning sensation of the gums and notice white appearing gums. This is just a momentary reaction that will resolve in shortly.

In case the patient insisted on the treatment plan in conflict with the dentist's advice, he / she or his / her representative or the person responsible for him / her has to sign a pledge that Dentistree Dental Clinic, and its physicians / 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 therapy the treatment needs, and the instruments and materials used.

The cost of all stages of treatment must be paid in full in advance and is non-refundable at any stage of the treatment, even if the patient did not complete the treatment for any reason whatsoever. Signing this paper by the patient or any person who is responsible for him/her or represents him/her means that: He/she has read the paper and understood its contents, and he has questioned in a full and satisfactory manner about everything related to the treatment from the doctors of the clinic and any other party he wants to consult, and that he has approved what was explained to him 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**

Khaoula Mazouzi

19-Mar-2024

Patient's name

Signature of Patient Legally authorized Representative

Date

19-Mar-2024

Witness Signature

Date

19-Mar-2024

Aditi Loomba

Dentist's Signature

Dr. Aditi Loomba  
General Dentist  
DENTISTREE DHA-00169428-002  
DENTISTREE DENTAL CLINIC