

Patient File No

Nationality

Emirates ID

: 3450

Patient Name

Sharav Shikhar Shetty

Indian

784-2017-2975098-0

DOB

28-Oct-2017

Gender

Male 01-Apr-2024

Surgery & Tooth Extraction

الجراحة وخلع الأسنان

Extraction and surgeries are the last course of action any dentist would choose but some teeth are beyond repair. The patient is anaesthetized for the procedure; after the procedure the patient may experience numbness or loss of feeling in the tongue, lips, teeth or surrounding structures (Paresthesia) that may last for an indefinite period of time (days or months).In some cases pharmacological treatment may be needed prior, during, and after the extraction this is why the patient must disclose his/her full medical status before proceeding with the treatment or else drug interaction or allergy may arise. If he/she fails to do so he/she are responsible for any financial, medical, legal or moral liabilities. The procedure is relevantly easy but in some cases due to the complicated root morphology or shape the root tip may fracture or dislodge into the sinus thus requiring surgical procedure to remove it or in some cases it may be left embedded in jaw bone. Teeth indicated for extraction are sometimes accompanied with abscesses that require surgical drainage. 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. In some cases, the tooth is attached to the bone firmly or embedded in bone rendering simple extraction almost impossible thus requiring a more complicated surgical procedure which may include incisions, removal of surrounding bone and suturing the wound. During the procedure the adjacent teeth may be loosened or in some cases their fillings or the tooth itself might fracture. In some cases, extraction may lead to jaw fracture. In some cases, the patient may be hospitalized due to complications. Following the doctor's post-operative instructions is imperative to ensure that occurs post-operative must occurs as impeasure to enable that no complications occur. It is fairly common for the face to swell bruises to appear or limited jaw opening to occur or numbness of the lips after extraction and for the patient to experience some ost-operative pain for the following 2-3 days or longer. If the pain increases the patient must return to the doctor to check the wound's status looking for dry socket or infection. The method of treatment is decided by the treating dentist's judgment and the position and condition of the tooth. As for children the same rules, precautions and procedures apply.

In case the patient insisted on changing 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 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 al 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 then treatment, even if the patient did not complete the treatment for any reason whatsoever. Signing this paper by the patient or person who is responsible for him/her or represents him/her

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 center and any other party he wants to consult, and that he 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

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

المجارات الجراحية أو خلع السن هو آخر حل يفترحه الطبيب، بعض الأسنان لا يمكن علاجهان الجراحية أو خلع السن هو آخر حل يفترحه الطبيب، بعض الأسنان لا يمكن علاجها بغور الخلع، خلال عملية الخلع يمتر المديش ومن بعدها يمكن للمريش أن المجارة الموسق ومن بعدها بعكن للمريش الأخدة المحافظة الحجيدة المالية الشاكل المحافظة المريش الأخدة بعضا الموسقة التجنب علاقة أو أن يقتل على الحريش الأقدام تحريحاته المستحدية المناصل لتجنب المحافظة المحافظة أن المحافظة الم

تكلفة جميع مراحل الملاج يجب أن تدفع مقدما بالكامل و هي غير مرتجعة في أي مرحلة من مراحل الملاج حتى و لم يكمل المريض العلاج لأي سيب.

في خال اصرار المريض على تغير خطة العلاج بما يتمارض مع نصائح الطبيب فعليه هو او من يمثله أو سسؤول عنه التوقيع على التعهد الخاص بذلك والذي يعلي عيادة عيادة يتناستري للسنان و اطبائه ويشكل كامل من أي مسؤولية مالية أو طبية أو قانونية أو معنوبة مهما كانت.

عندم التزام المريض بالمواعيد المحددة له أو تعليمات الأطباء قد يؤدي إلى مضعفات قد تغير خطة الملاج أو نؤدي إلى فشايا و في هذه الحالة يتحمل هو وحده تكلفة خطة الملاج الأصلية المتنفق عليها إلحافة إلى التكلفة الإضافية الناتجة من تعديل خطة الملاج كما يتحمل العريض أيضاً أي مسؤولية التري دون تحمل عبادة عيادة دينات يتناستري للسنان أو أطباته أي مسؤولية مادية أو طبية أو معنوية أو قاتونية مها كانت.

توقيع المريض أو من هو مسؤول عنه أو يمثله على هذه الورقة يعني أنه;

قراها و فهم ما فيها وفيل بها و استفسر بشكل كامل ويوضيه كل ما يتعلق بالملاج من اطباء المركز ومن أي جهة أخرى بريدها و وافق عليها و طلب من أطباء عبادة عبادة عبادة دينتاستري للسنان البد في الملاج وفوضهم بعدل ما يرونه مناسب لعلاجه وتمهد بالإلتزام بتعليماتهم و صواعيد الملاج دبدقي كامل تكلفة الملاج.

تقد قرأت ما سبق و عليه أوقع توقيع المريض/ المريضة أو من يمثله:

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

Sharay Shikhar Shetty

Patient's name

Signature of Patient Legally authorized Representative

01-Apr-2024

Date 01-Apr-2024

Witness Signature



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Date

Chahita Lalchandani

Dantiet's Signatura

Dr. Chahita Lalchandani **Pediatric Dentist** DENTISTREE DHA-70366191-004 01-Apr-2024 DENTISTREE DENTAL CLINIC

Date