

Emirates to

3135

Patient Name Jad Ahmad Nationality

008

12-Nov-2014 27-May-2024

## Surgery & Tooth Extraction

784-2014-1359271-4

Extraction and surgeries are the last course of action any dentist would choose but some teeth are beyond repair. The patient is anneathetized for the procedure, after the procedure the patient may experience numbines or loss of feeling in the tongue, light, sether or surrounding structures Presentheial) 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 higher full medical status before proceding with the treatment or else drug interaction or allergy may arise. If he/she falls 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 roor morphology or shape the root tip may fracture or disologie into the sinus thus requiring surgical procedure to remove it or in some cases at it may be left embedded in jaw bone. Teeth indicated for extraction are sometimes accompanied with abscesses that require surgical drainage. Any further treatment happers unexpectedly to the treatment plan for any reason, would be subject to additional cost which the patient has to pay, and would require extra statched to the bone firmly or embedded in bone tendering simple extraction almost impossible thas requiring a more complicated surgical procedure which may include incidions, removal of surrounding bone and suturing the wound. During the procedure the adjacent teeth may be loosened or in some cases, extraction may lead to jaw 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 no complications occur. It is fairly common for the face to swell bruises to a paper or limited jaw opening to occur or numbers of the lips after extraction and for the patient to experience some post-operative instructions is imperative to ensure that no co

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 con 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 then 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

He/she has read the paper and understood its contents, and has 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 full.

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

المستقات العراسية أو مثل السن مو آخر مل وقرصه الطبيب بعض فإلسان لا يسكل المستقات العراسية أو مثل السن مو آخر مل وقرصه الطبيب بعض فإلسان لا يسكل المنات يتم المنا المنات يتم المنات يقد المنات ومن معاه المكان المعرفي أن المنات ا

للكفة جموع مراحل الملاح يجب أن تدفع مقدما بالكامل و هي غير مرتجعة في أي مرحلة من مراحل الملاح حق و لم يكمل المريض الملاح لأي سيب.

في حال اصرار العربيش على تعرر خطة الفلاح بما يتمارش مع نصابح الطبيب فعليه هو او من يعتنه أو مسؤول عند التوقوع على التصود الخاص بذلك والذي يعلى عبادة عبادة يتباسمي لنسان و الشبالة ويشكل كامل من اي مسؤولية مائية أو طبية أو قانونية أو يعتبر همها التنبي

عدم إلزام المربض بالمواعيد المحددات أو تعليمات الأطباء قد يؤدي إلى مضعفات قد تتور خطة الملاح أو تؤدي إلى فشانها وفي هذه الحالة يتحمل هو وصده ذكافة عطة الملاح الأصلية الشناق عليها إضافة إلى التكلفة الإضافية التنجة من تعديل خطة الملاح كما المستوسل المربض إلياس سووانية أخرى دفع علادة عابدة ويتناسئري للسنان أن أو المبائه أى مسؤواية مادية أو طبية أو معنوية أو قانونية مها كانت.

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

قرأها و فهم ما فيها وقبل بها و أستفسر بشكل كامل ويرضيه كل ما يتمثل بالعلاج من اطباء البركز ومن أي جهة أخرى بريدها و وافق عليها و طلب من أطباء عبادة عبادة دينتاستري للسنان البند في العلاج وفوضهم بعمل ما يرونه مناسب لعلابته وتعهد بالإلتزام بتعليماتهم و مواعيد العلاج وبدفع كامل كلفاء العلاج.

لقد قرأت ما سبق و عليه أوقع توقيع المربض/ المربضة أو من يمثله:

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

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Patient's name

27-May-2024

Signature of Patient Legally authorized Representative

Date

27-May-2024

Date

Witness Signature min.

Dentist's Signature

Dr. Pearl Pinto2024 5% General Dentist DENTISTREE DHA-04205785-003 DENTISTREE DENTAL CLINIC