

Patient File No

; 3856

Patient Name Emirates ID

Zackariah brian Robinson

. Nationality .

784-2012-8431225-9

DOB Gende

21-Aug-2012 Male

Date 30-Jun-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 allegary may arise. If he/she fails to do so he/she are responsible for any financial, medical, legal or moral flabilities. 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 essessons. 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 lossened or 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 bruiles to appear or limited you opening to occur or numbers of the lips after extraction and for the patient to experience some post-operative pain for the following 2.3 days or lon

In case the patient insisted on changing the treatment plan in conflict with the dentist's advice, he / she or his / her representative hereon responsible for him / her has to sign a pledge that exempts Dentistree Dental Clinic, and its Dentists, in full from of any flability whatspever, whether financial, modified legal compal.

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 then treatment, even if the patient did not complete the treatment for any reason whatsource. 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 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

سيورجه وخلع الإسانات الجراحية أو خلع السن هو آخر حل يقترجه الطبيب. يعض الأسنان لا يمكن علايها الجراحية أو خلع السن هو آخر حل يقترجه الطبيب. يعض الأسنان لا يمكن علايها يشعر الحلي عبد خلال عملية العلمي تم تعذير الدريش ومن يعدما يمكن للمرسف أن السنان القبية المنافسة المنافسة المنافسة المنافسة المنافسة أن المنافسة المنافسة المنافسة في العرفية الولاسات من حالت القسمية المنافسة المنافسة على العرفية الولاسات من حالت الصحية بالقسمية المنافسة المنافسة يتحدل أو وهد العلاج المنافسة يتحدل هو وه ووضاء المنافسة منافسة المنافسة المنا

تكلفة جميع مراحل العلاج يجب أن تدفع مقدما بالكامل و هي غير مرتجمة في أي مرحلة من مراحل العلاج حتى ولم يكمل العريض العلاج لأي سبب.

ل حال تيرار المريض على تغير خطة الملاج بها يتمارض مع تصانح الطبيب فعليه هو او من يمثله أو مصلول عنه التوفيع على التعهد الخاص بذلك والذي بعض عبادة عبادة يتناسرتها للسنان وأطبانه ويشكل كامل من أي مسؤولية مائية أو طبية أو قانونية أو عدة قد عامة ال

عدم الآزام المريض بالمواعيد المحددة له أو تعليمات الأشاء قد يؤدي إلى مضعفات قد تغير حفظ الملاح أو تؤدي إلى قشلها و في هذه الحالة يتحمل هو وصده تكلف عطا الملاح الاصلية المنطق عليها إصافة إلى التكلفة الإضافية التاليخة من تعنيل عطة السلاح كما يتحمل المريض أيضا أي موسائه أخرى دن تحتمل عوادة عبادة ويتناستري للسنان أو الطيائة أي مسؤولية مادية أو طبية أو معتوية أو قانونية مها كانت.

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

قرأها و فهم ما فيها وقبل بها و أستضر بشكل كامل ويرضيه كل ما يتملق بالملاج من انقياء المركز ولن أي جهة أشرى يريدها و واقع عليها و طلب من أطباء عيادة عيادة دينتستري للسنان البدية الملاج وقوضهم بعض ما يروقه مناسب لعلاجه وتمهد بالإلتزام بتعليماتهم و مواعيد العلاج وبدفع كامل تكلفة العلاج.

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

Zackariah brian Robinson

Patient's name

Signature of Patient Legally authorized Representative

30-Jun-2024

Witness Signature

Date

Chahita Lalchandan

Dentist's Signature

Date

Dr. Chahita Lalchandani 15 Pediatric Dentist DENTISTREE DHA-70366191-004

DENTISTREE DENTAL CLINIC