

Patient File No

Patient Name

Vaibhhay Hotchandaani

Nationality **Emirates ID** 

Indian 784-1997-8218324-0

DOB Gender 15-Feb-1997

Date

15-Jul-2024

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 compinications that would change the treatment plain, 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 parad Chine and its decrease from any lighter whether fearners. 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, even if the patient did not complete the treatment for any

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 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-Met/she has read the paper and instructions, attend an 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 has in the support of the patient has approved what was explained to them and requested the physicians of Dentistree Dental Clinic has in the support of the patient has approved when the support to the patient has the patient to the patient of the p 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

I agree that healthcare provider(s) involved in my care at this facility will access my healthinformation through the Health Information Exchange System (NABIDH) in accordance with the Lawsof the United Arab Emirates, Emirate of Dubal Legislation and Dubai Health

عملية ننظيف الأسنان هي عبارة عن تنظيب البلاك (هي طبقة بيضاء ناعمة تغطي السن) أو الجير (وهو البلاك المساب) واصطلة احدث لجيزة التنظيف الفوق صوبية التي استخدا لما الدائية الموقع موبية التي استخدام الما الدائية الموقع محبون بستخدم خصيصا. أما تنظيف الجير وانطاب من جلسة ألي الساب واصطلا محبون بستخدم خصيصا. أما تنظيف الجير وانكان الجير سطحي فضي الأطلب مستطلب جلسة واحدة لتنظيف و تعيم و تلميح السن. أما إذا كان الجير منتشر والقلب في الحير منتشر علي مضي و الجير وانكنان المجيرة المنتشف المعين و من بعدها يتم تنصيم بعد المنتظيف المعين و من بعدها يتم تنصيم بعد المنتظيف ممكن أن وتلمع السن و الجذر للمنافئة فيضا في أن من السابط المنافئة المنافئة المنتشفية ممكن أن يتم تضيم بعد التنظيف ممكن أن أن المنافئة المنافئة

إن عدم التزام المريض بالمواعيد المحدد له أو تعليمات الأطباء قد تؤدي الى مضاعفات قد تثير خطة الملاج أو تؤدي إلى فشلها وفي هذه الحالة بتحمل هو وحده تكفة خطة الملاج الأصلية المنقق عليها إضافة إلى انتكلفة الإضافية الناتجة عن تعديل خطة الملاج كما يتحمل المريض أيضا أي مسؤولية أخاري دون تحمل عبادة عبادة دينتاستري للسناناو أطباله أي مسؤولية مادية أو طببة أو قانوانية أو معنوية مهما كانت.

إن تكلفة جميع مراحل العلاج يجب أن تنفع مقدما بالكامل و في غير مرتجمة في أي مرحلة من مراحل العلاج حتى ولم يكمل أمريض العلاج لأي سبب. إن توقيع العريض أو من مو مو العلاج حتى ولم يكمل أطريقة بين أنه الإطاع الوعية وقبلها واستفسر يشكل كامل ويوشيه كل ما يتعلق بالعلاج من أطباء العبادة ومن أي جهة أخرى يريدها وواقق عليها وطلب من اطباء عبادة دينتستري السنالليد، في العلاج وفوضه عليها ما يوادة منتسب لعلاجه وتعهد بالإنترام بتعليماتهم و مواعيد العلاج و يدفع كامل

لقد قرأت ما سبق و عليه أوقع توقيع العريض/ المريضة أو من يمثله:

وافق على أن مقدم (مقدمي) الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول في صحتي المعلومات من خلال نظام تبادل المعلومات المبحية (NABIDH) وفقا للقوانين دولة الإمارات العربية المتحدة، تشريعات إمارة دي وسياسات

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

Vaibhhav Hotchandaani

15-Jul-2024

Patient's name

Signature of Patient Legally authorized Representative

Date 15-Jul-2024

Witness Signature

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Date

Pearl Pinto

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Dr. Pegal. Pinto General Dentist DENTISTREE DHA-04296785-003 DENITIOTOR

**Dentist's Signature**