

Patient File No

: 4011

Patient Name Usman Jamal Mohamed

Nationality Indian

Emirates ID 784-2010-6461653-1 DOB 24-Oct-2010

Male Gende

03-Aug-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 piaque is removed using the latest dental utrasonic 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 settent. 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. 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

In case the patient insisted on modifying the treatment plan in case the patient insisted on moonlying 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 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 leans careful exemptions. 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 reason whatsoever.

Signing this paper by the patient or any who is responsible for

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 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 save them the authority to do whethere. 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.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 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.

ا agree that healthcare provider(s) involved in my care at this facility will access my healthinformation through the Health information mation سيتمكنون بن الوصول إلى صحي المطوعات من خلال لظام تبادل المطوعات المحدية الاقدامية (NABIDH) in accordance with the Lawsof the United الاقدامية Emirates, Emirate of Dubal Legislation and Dubal Health

تنظيف الأسنان

علية تنظيف الأسنان هي عبارة عن تنظيف البارك (هي طبقة بيضاء ناعمة تنطي السن) أو التجير (وهو البلاك المتصلب) وباسطة أحدث أجهزة التنظيف اللوق صوتية التي المستخدم الما المنظم المنظ

إن عدم الزام المريض بالمواعيد المحددة له أو تمليمات الأطباء قد تؤدي إلى مضاعفات قد تغير خطة الملاج أو تؤدي إلى فشاعياً, ولى هذه الحالة يتحمل هو وحده تكلفة خطة الملاج الأصلية المنطق عليها إصافة إلى التكلفة الإصافية الناتجة عن تعديل خطة الملاج كما يتحمل المريض أبها أي مصولها أخري ودن تحمل عوادة عاودة ويتناستري للسناناً أطباته أي مسؤولية مادية أو طبية أو قانونية أو معنوية مهما كانت.

إن تكلفة جميع مراحل العلاج يجب أن تدفع مقدماً بالكامل و هي غير مرتجمة في أي مرحلة من مواحل العلاج حتى ولم يكمل العربيض ألو كون مبتب إن توقيع العربيض أو مرحلة من مواحل العلاج على الما الواقع بين أنه ترقياً ما ولهم مقامها واحتمد بمكل كامل ويرحيه كل ما يناميل بالعلاج من العباء العبادة ومن يرتبه الحرى يرتبط يلامل عابدة عبادة من يرتبط ويوقع عليها و طلب من اطباء عبادة عبادة دينيستاني للسناتاليد في العلاج ولوضهم يعمل ما يربعه مناسبة علاجة ويدفع كمل يومل ما يربعه مناسبة لعلاج و يدفع كمل تكلفة العلاج و يدفع كمل تكلفة العلاج و يدفع كمل

لقد قرآت 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

Usman Jamal Mohamed

03-Aug-2024

Patient's name

Signature of Patient Legally authorized Representative

Date 03-Aug-2024

Witness Signature

Dr. Aliasgar

Dentist's Signature

Date ترى 03-Aug-2024 \* × DENTISTREE