



# DENTISTREE DENTAL CLINIC

Patient File No : 2566  
Patient Name : Arti Tahillani DOB : 26-Sep-1980  
Nationality : Indian Gender : Female  
Emirates ID : 784-1980-4021415-1 Date : 25-Aug-2024

## Composite Fillings

Once caries is present on a tooth they form a cavity filled with germs and debris. This cavity should be cleaned and closed using synthetic materials. In this process the dentist anaesthetizes the patient and proceeds with removing the caries using carefully sterilized and sealed drilling instruments that are disposed of after each usage. After such procedure, the cleaned cavity is further prepared according to the rules that govern cavity preparation, to receive the filling material. This process may sometimes traumatize the tooth's nerves or even expose them. Such incidents may cause sensitivity and pain may resolve in a few days or may require the performance of endodontic treatment on the affected tooth depending on the doctor's judgment. 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. Any filling is susceptible with time to fracture, dislodgement, discoloration and secondary caries arising from another site on the tooth.

In case the patient insisted on changing made changes to 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 physicians/ Dentist, 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 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 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 means that: He /she has read the paper and understood its contents, and he has questioned in a full and satisfactory manner about everything related to the treatment from the doctors of the clinic and any other party he wants to consult, and that he has approved what was explained to him 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.

I agree that healthcare provider(s) involved in my care at this facility will access my health information through the Health Information Exchange System (NABIDH) in accordance with the Law of the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health Authority Policies.

ووافق على أن مقدم (مقدمي) الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتسككون من الوصول إلى صحتي المعلومات من خلال نظام تبادل المعلومات الصحية (NABIDH) وفقا للوائح دولة الإمارات العربية المتحدة، تشريعات إمارة دبي وسياسات هيئة الصحة دبي.

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

Arti Tahillani

25-Aug-2024

Patient's name

Signature of Patient Legally authorized Representative

Date

25-Aug-2024

Witness Signature

Date

Pearl Pinto

Dentist's Signature

