

Patient File No

4061

Patient Name

Dania Khan Mohammed Nafid Khan

784-1988-7591416-4

Nationality Emirates ID DOB

04-Nov-1988

Gender

Female 16-Aug-2024

Teeth Cleaning

تنظيف الأسنان

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 plaque is removed using the latest uented that about the dame of 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 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 land for any reson, it would be which 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 nations may feel light and 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 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 cavilier and the cost of the cost of the cavilier and the cav 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 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

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 gave them the authority to do whatever they consider is appropriate for his/her case, and pledged to follow their 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 uncerscood 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 consuit, 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

I agree that healthcare provider(s) involved in my care at this facility I agree that neutrinia provided in through the Health Information 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 Dubal Health عملية تنظيف الأسنان هي عبارة عن تنظيف البلاك (هي طبقة بيضاء ناعمة تفعلي السن) أو الجير (وهو البلاك المتصلب) بواسطة احدث أجهزة التنظيف الفوق صوتية التي تستخدم الماء التبريد. البلاك يحتاج بالأغلب جلسة واحدث أجهزة التنظيف من بعداء يتم تلمين المنافق المنافقة المناف قانونية أو معنوبة مهما كانت.

إن عدم التزام المريض بالمواعيد المحددة له أو تعليمات الأطباء قد تؤدي الى مضاعفات قد تغير خطة الملاج أو تؤدي إلى فشاها, وفي هذه الحالة يتحمل هو وحده تكلفة خطة الملاج الأصلية المنطق عليها إضافة إلى التكلفة الإضافية الناتجة عن تعديل خطة الملاج كما يتحمل المريض أيضا أي مسؤولية أخري دون تحمل عبادة عيادة دينتاستري للسنافو أطبائه أي مسؤولية مادية أو طبية أو قانونية أو معنوية مهما كانت.

إن تكلفة جميع مراحل العلاج بجب أن تنفع مقدماً بالكامل و في غير مرتجعة في أي مرحقة من مرحل العلاج لاي سبب. إن توقيع العريض أو مرحقة من مرحلة من مرحلة المربض العلاج لاي سبب. إن توقيع العريض أو من هذه من العربة العربة من المية المواقع من هو مسؤول عنه أو يمثله على هذا الوقع بهم المية العاملة و من أي جهة أخرى يريدها ووافق عليها و طلب من اطباء عبادة عبادة دينتاستري للسناتاليد، في العلاج وقوضهم بعمل ما يوقه مناسب لعلاجه وتعهد بالإلتزام بتعليماتهم و مواعيد العلاج و بدفع كامل تكفؤ العلاج و بدفع كامل تكفؤ العلاجة و

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

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

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

Dania Khan Mohammed Nafid Khan

16-Aug-2024

Patient's name

Signature of Patient Legally authorized Representative

16-Aug-2024

Witness Signature

R. K. Desa Dr. Rutul Desai General Dentist

16-Aug-2024

Date

DENTISTREE DHA-44339326-001 DENTISTREE DENTAL CLIMIC

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Dentist's Signature

Rutul Desai