

Patient File No : 276

Emirates ID

Patient Name : Ananya Ladhani Nationality : Indian

DOB : 07-Nov-2014 Gender : Female

31-Aug-2024

Date

784-2014-8493057-9

الجراحة وخلع الأستان Surgery & Tooth Extraction

Extraction and surgeries are the last course of action any dentist would choose but some teeth are beyond repair. The patient is an anesthetized for the procedure; after the procedure the patient may experience numbness or loss of feeling in the nogue, lips, teeth or surrounding structures (Pareshreia) 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 relse drug interaction or altergy may arise. If he/she fails to do so he/she are responsible for any financial, medical, gala or moral liabilities. 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 issues 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 me and extra sessions. 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 simple extraction almost impossible thus requiring a more complicated surgical procedure which may include incisions, removal of surrounding bone and suturing the wound. During imple procedure the adjacent teeth may be lospitalized due to complications. Following the procedure the adjacent teeth may be losoprative to navier teeth may be nospitalized due to complications. Following the pain increases the patient must return to the doctor to check the wound's status looking for dry socket or infection

In case the patient insisted on changing 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 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 results whatsoever and should fully exempt Dentistree Dental Clinic and its doctors from any flability 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 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 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 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 Lawsof the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health Authority. Bulling

سيورت و وسط ورسم المياب المورت و المساور المياب المورت المساور المياب المورت أو خلع السن هو آخر حل يقترحه الطبيب. يعض الأستان لا يمكن علاجها ينبد الخلاج ، خلال معلية الملاع مع كدير الرسيق الله المعتبد المياب الم

تكلفة جميع مراحل العلاج يجب أن تدفع مقدما بالكامل و هي غير مرتجعة في أي مرحلة من مراحل العلاج حتى و لم يكمل المريض العلاج لأي سيب.

في حال اعبرار المريض على تغير خطة العلاج بما يتمارض مع نصائح الطبيب فعليه هو او من يمثله أو مسؤول عنه التوقيع على التعهد الخاص بذلك والذي يعفي عيادة عيادة ديناستري للسنان و أطبائه وبشكل كامل من أي مسؤولية مالية أو طبية أو قانونية أو - تعديد مداكة - تعديد الم

عدم الزام العربض بالمواعيد المحددة له أو تطيبات الأطباء قد يؤدي إلى مضعفات قد تغير خطة العلاج أو تؤدي إلى قشلها و في هذه الحالة يتحمل هو وحده تكلفة خطة العلاج الاصلية المنفق عليها إضافة إلى التكلفة الإضافية الثانية، من تعديل خطة العلاج كما يتحمل المربض يضا أي سوطة أخرى دون تحديل عبادة عبادة دينتاستري للسنان أو أطبائه أي مسؤولية مادية أو طبية أو معنوية أو فانونية مها كانت.

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

قرأها و فهم ما فيها وقبل بها و أستفسر بشكل كامل ويرضيه كل ما يتملق بالملاج من اطباء البركز ومن أي جهة أخرى بريدها و وافق عليها و طلب من أطباء عبادة عبادة دينتاستري للسنان البندي ألماكج وفرضهم بعمل ما يرونه مناسب لملاجه وتعهد بالإنتزام بتعليماتهم و مواعيد الملاح جيدةع كامل تكلفة الملاج.

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

واقق على أن مقدم (مقدمي) الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول إلى صحتي المعلومات من خلال نظام تبادل المعلومات الصحية (NAIDH) وقفا للغواتين دولة الإمارات العربية المتحدة، تشريعات إمارة دبي وسياسات منة الصحة لد.

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

Ananya Ladhani

31-Aug-2024

Patient's name

Signature of Patient Legally authorized Representative

Date

31-Aug-2024

Witness Signature

Date

Rutul Desai

31-Aug-2024

Dentist's Signature

