

Patient File No

Patient Name

Henna Doulat Adtani 784-1990-1309610-4

Nationality

was occupying that space.

Indian

DOB

15-Sep-1990

Gende Date

Female 27-Aug-2024

Teeth Cleaning

Teeth's cleaning is a process in which plaque (a thin soft white vering the teeth) or calculus (the hardened or calcified layer covering the teeth or calculus (the hardened or catched plaque) is removed using the latest dental uitrasonic 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 than one careful is continued for which exiting the continued is the continued of 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 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 doors 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 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, stend 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 any 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. they want to consult, and that the patient has approved what

I have read all what is mentioned above and I will sign below in

ا agree that healthcare provider(s) involved in my care at this facility
will access my healthinformation through the Health information
عبتكتون من الوحول الى صحق المطوعات من خلال نقام تبادل المطوعات المحجة
Emirates, Emirate of Dubal Legislation and Dubal Health
(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

Henna Doulat Adtani

27-Aug-2024

Patient's name

Signature of Patient Legally authorized Representative

Date

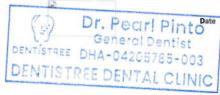
27-Aug-2024

Witness Signature

Pearl Pinto

27-Aug-2024

Dentist's Signature



تنظيف الأسنان

عملية تنظيف الأسنان هي عبارة عن تنظيف البلاك (مي طيقة بيضاء ناعمة تفطي السن) أو الجور (وهو البلاك المتصلب) واصطة احدث أجهزة التنظيف القوق صوفية البل
تستغدم الماء للتوريد البلاك وحتاج بالأطب جسة واحدثا للتنظيف من بعدها يتم
المستفسل من الماليات المناع من من المناف أو حدة الإجريد الأكل الجور سطحي لعلي
الإللياب منطلب جاسة واحدة لتنظيف من من المناف أو حدة البور، الأكل الجور منتشر
الإللياب منطلب جسخا إلى البرياء المناف والمناف المناف المن

إن عدم الثرام العربيش بالمواعيد المحددة له أو تمليمات الأطباء قد تؤدي الي مضاعفات قد تغير خطة المنزج أو نؤدي إلى فشايل ولي هذه الحالة يتحمل هو وحده ذكلة خطة المنزج الأصلية المنطق عليها إضافة إلى التكلفة الإصافية التاتيجة عن تعميل خطة الملاج كما يتحمل الرحين أيضا أي مصلولية أخري ودن تحمل عيادة عيادة ونتاستري للمسائلة أطباله أي مسؤولية مادية أو طبية أو قانونية أو معنوية مهما كانت.

إن تكلفة جميع مراحل العلاج بجب أن تدفع مقدماً بالكامل و هي غير مرتجمة في أي مرحلة من مراحل العلاج حتى ولم يكمل العريض الو المدريض او موسول عنه أن موسول المدريض او مرحلة من موسول عنه أو يبتلغ على هذه الورقة بهي أنت قراعاً ولهم مافيها وأساغهم بشكل كامل ورسيم كل ما يتمثل بالعلاج من العياد العيادة ومن أي جهة أخرى يريدها ويؤقق عنها و طلب من اطباء عيادة عيادة دينتسركي المناثانيد في العلاج ولوضهم بعمل ما يرونه مناسب لعلاجه وتمهد بالإنتزام بتعليماتهم و مواعيد العلاج و يدفع كامل تكلفة العلاج.

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