

Patient File No 4141 :25

Nationality

**Emirates ID** 

Patient Name . Kannan Santha

Indian

784-1991-6726693-3 :

DOB 16-Feb-1991 .

Gender Male 08-Sep-2024

عملية تنظيف الأسان هي عبارة عن تنظيف البلاك (هي طبقة بيدهاء نامعة تنطي السر) أو التجير (وهو البلاك المتصاب) واسلغة أحدث أجهزة التنظيف للفوق صوبة التي 
استخدم العام المنظمية البلاك المتصاب) واسلغة أحدث أجهزة التنظيف المن بعدها يتم 
للمع السن واسلغة معجون يستخدم خصيصاً، أما تنظيف الجور فينطلب من جلسة أن 
المنافي المنافية المنافية على المنافية الجور الأكان الجير معظي لعلي 
المنافية المنافية المنافية على المنافية المنافية ومن يعلقها إلى المنافية المنافية والمنافية المنافية المنافية والمنافية المنافية والمنافية المنافية المنافية المنافية المنافية المنافية المنافية والنائلة المنافية عنافة المنافية المنافية المنافية المنافية عنافة والناساني للسنانواطانية يمثل كامل من 
المنافية مالية واطبية أو المنافية أو معنولية منافلة أن المنافية المن

إن عدم اقترام المريض بالمواعيد المحددة له أو تعليمات الأطباء قد ذوري الى مضاعفات قد تمير خفة العلاج أو تؤدي إلى فضايا , وفي هذه الحالة يتحمل هو وحده تكلفة عطة الملاح الأصلية المنطق عليها إصافة أو الكلفة الإضافية التاتيجة من تعليل خطة العلاج كما يتحمل المورفين أيضاً في سموالياتة أخري تحركة تحدول عبادة دينة استري أطباله أي مسؤولية أحدية أو طلبية أو قانونية أو معنوية مهما كانت عبادة

إن تكلفة جميع مراحل العلاج بجب أن تنظع مقدماً بالكامل و هي غير مرتبعة في أي مرتبعة في أي مرتبعة في أي مرحلة من مرحلة من مراحل الملاج حتى ولم يكمل المريض العلاج لأي سبب. إن توقيع المريض أو من هو مسوول بعد أو يقد المراحلة على الملاحة المراحلة الملاج والمواصفة العلاجة المراحلة الملاجة والمهد كامل المراحلة الملاجة والمهد كامل المراحلة الملاجة والمهد كامل المراحلة الملاجة والمهد كامل المراحلة الملاجة المراحلة الملاجة المراحلة الملاجة المراحلة الملاجة الملاجة المراحلة الملاجة الملاجة المراحلة الملاجة الملاجة الملاحة الم

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

## لنظيف الأستان

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 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 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 the loss and may require further treatment. Some patients may notice some spaces between treatment. Some patients may notice some spaces between their treth those are due to the removal of the calculus that

In case the patient insisted on modifying the treatment pi in case the patient issetted on modifying the treatment pair against the doctor's recommendations then help-fee or higher 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 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 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 collici 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 pledded to they consider is appropriate for his/her case, and pledged to follow their instructions, attend all the treatment sessions on follow their instructions, attend all the treatment sessions on time and pay the treatment cost in full-likelyshe 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 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

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
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
Authority Policies.

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

08-Sep-2024

Patient's name

Signature of Patient Legally authorized Representative

Date 08-Sep-2024

Witness Signature



Date

Dentist's Signature



