

anesthetics deemed necessary for my treatment.

I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.

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

MOHAMAD ITANI



19-Sep-2021

Patient's name

Signature of Patient Legally authorized Representative

Date




19-Sep-2021

Witness Signature

Date




19-Sep-2021

Dentist's Signature

Date

