

Patient File No

2186

Patient Name

Aisha Khar Pakistani

Nationality Emirates ID

784-1989-6281713-0

DOB

19-May-1989

Date

: Female 12-Sep-2024

Teeth Cleaning

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 techniquee and professional polishing is performed. As for calculus it may require 1 to 2 sessions depending on its new terms. 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 is unexpectedly added to the treatment plan for any reason, it would be subject adoed 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 extern of the carcuus. Some modility 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 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 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 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.he/she has read the paper and 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 was explained to them and requested the physicians of Dentistree Dental Clinic to hearing the treatment and arms them the puthents to deto 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 Tagree that nearncare provider(s) involved in my care at this racinty will access my healthinformation through the Health Information Exchange System (NABIDH) in accordance with the Lawsof the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health Authority Policies.

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

تنظيف الأسنان

عملية تنظيف الأسنان هي عبارة عن تنظيف البلاك (هي طبقة بيضاء ناعمة تعطي السن) أو الجير (وهو البلاك الدعملي) بواسعلة فحدث جهزة التنظيف القرق صويلية التي تستخدم الماه للتيوند. البلاك يحتاج بالأغلب جلسة واحدة التنظيف من هدها بين تطبعه المن الماس بواسطة محجود يستخدم خصيصاً. أما تنظيف الجير فيتغلب من جلسة الى المنتز في الطالب وعنمادا على مدى التنظيف وتعجو السن. أما إذا كان الجير مطحي فعلي الأغلب سيتطلب جلسة واحدة المنتقلف المعيق و من بعدها بتم تعيش وتعليم المنتز ال يعفي عيادة عيادة دينتاستري قاتونية أو معنوية مهما كانت.

إن عدم التزام المريض بالمواعيد المحددة له أو تعليمات الأطباء قد نؤدي الى مضاعفات قد تغير خطة الملاج أو نؤدي إلى فشلها, وفي هذه الحالة يتحمل هو وحده تكفة خطة الملاج الأصلية المنطق عليها إضافة إلى التكلفة الإضافية الناتجة عن تعديل خطة العلاج كما يتحمل المريض أيضا في مسؤولية أخري دون تحمل عبادة عبادة دينتاستري للمسئالو أطبائه أي مسؤولية مادية أو طبية أو فانونية أو معنوية مهما كانت.

إن تكلفة جميع مراحل العلاج يجب أن تنفع مقدماً بالكامل و هي غير مرتجعة في أي مرتجعة أي مرتجعة في أي مرتجعة أي مرتجعة في المريض أو مرتجلة من مواحل الملاح الخي المريض أو المرتض أو المستقدم من هو مستول عنه أو ميثلة على هذه الورقة يمن أنه قرأها وأوهم عافيها وقبلها واستقسر بشكل كامل ويرضيه كل ما يتدفق بالملاح من أطباء المبادة و من أي جمة أخرى يريضا ووافق عليها و طلب من أطباء عبادة عبادة فيتناستري للسنانالبد، في العلاج وقرضهم يعمل ما يرونه مناسب لعلاجه ونعهد بالإلتزام بتعليماتهم و مواعيد العلاج و يدفع كامل

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

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

12-Sep-2024

Patient's name

Date

gnature of Patient Legally authorized Representative

12-Sep-2024

Witness Signature

Pearl Pinto

Dentist's Signature