

Patient File No

Emirates ID

HIND HUMAID ALI ALI Patient Name Nationality Emirati

DOS 11-Jan-2017 Gender Female Date 15-Sep-2024

Surrery & Tooth Extraction

784-2017-0497420-9

الجراحة وخلع الأستان سيسان العليات الموراسية أو مناج السن هو آخر من المتحدة الطبيب، يعض الأسنان لا يمكن عالايميان المعلمات المعلمات المحافظة العلى يعم الخدور الموسق وجن بعدها يمكن الدوروق إلى أو يفكن الدوروق إلى أو يفكن الدوروق إلى أو يفكن الاجتماع أو المتحدة الإسمانية و العين أن المعافرة المستحدة الإسمانية و العين أن يعين الإسمانية المعافرة المحبوبة الموسق المعافرة المتحدة المحبوبة المعافرة أو المعافرة الم

تُكلفة جميع مراحل الملاج يجب أن تنظع مقدما بالكامل و هي غير مرتجمة في أي مرحقة من مراحل الملاج حتى و لم يكمل المريض الملاج لأي سبب.

في حال اصرار المريض على تغير حفلة العلاج بما يتمارض مع تصاباح الطبيب قمليه هو او من يطقه أو مسؤول عنه التوليق على العميد الماض يلك والذي يعلى عبادة عبادة دينتاستري للسنان وأطباته ويشكل كامل من أي مسؤولية مالية أو طبية أو فاتونية أو معنولة مهما كانت.

عدم الزام المريض بالمواعيد المحددة له أو تطبعات الأطباء قد يؤدي إلى مضمفات قد تغير حفلة الملاي أو تؤدي إلى فضايه و في خله الحالة يتحمل هو وحده تلقة خطة الملاج الأطبية المنطق عليها إضافة إلى انتكفة الإضافية الناتجة من تعديل خطة الملاج كما يتحمل المريض إليقا المسوولية لحرى دون تحمل عيادة عبدنا سنري للسنان أو أطبائه أي مسوولية مادية أو طبية أو معنوية أو قانونية مها كالت.

قراها و فهم ما فيها وقبل بها و أستفسر بشكل كامل ويرضيه كل ما يتمثل بالملاج من أشهاد المؤكر ومن أكل جهة أخرى بريدها و وقبل عليها و طلب من أطباء عيادة عيادة ديئة استرى المداد أل الملاح و فوضهم بعم مل عارونه مناسب، لملاجه وتعهد بالإثارة بتعليماتهم و مواعيد الملاج و بدقع كامل نكلفة العلاج.

توقيع المريض أو من هو مسؤول عنه أو يمثله على هذه الورقة يعني أته;

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

Estraction and surgeries are the last course of action any dentists would choose but some teeth are beyond repair. The patient is anaestheetized for the procedure; after the procedure the patient may experience numbers or loss of feeling in the tongue, lips, teeth or surrounding structures (Paresthesia) 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 lawly the patient must disclose his/her full medical status before proceeding with the treatment or else drug interaction or allergy may arise. If he/she fails to do so he/she are responsible for any financial, medical, legal or moral liabilities. The procedure is relevantly easy but in some cases to the complicated root morphology or shape the root tip may fracture or disologie into the slows 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 require surgical structures time and extra secsions. pay, and would require extra treatment time and extra sessions. In some cases, the tooth is attached to the bone firmly or impossible thus requiring a more complicated surgical procedure which may include incisions, removal of surrounding procedure which may include incisions, removal of surrounding bone and sutruing the wound. During the procedure when dejacent teeth may be loosened or in some cases their fillings or the tooth itself might fracture. In some cases, the partent may be loosened used to jaw fracture. In some cases, the patient may be hospitalized due to complications. Following the doctor's post-operative instructions is imperative to ensure that no complications occur. It is fairly common for the face to swell brules to appear or limited jaw opening to occur or numbness of the lips after extraction and for the patient to experience some post-operative pain for the following 2-3 days or longer. If the pain increases the patient must return to the doctor to check the wound's status looking for dry socket or infection. The method of treatment is decided by the treating dentist's judgment and the position and condition of the tooth. As for children the same rules, precoutions and procedures apply.

In case the patient insisted on changing the treatment plan in conflict with the dentist's advice, he f she or his f her representative or the person responsible for him f 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 fallure, and in sout 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-infundable at any stage of then treatment, even if the patient did not complete the treatment for any reason whatsoever. Spring this paper by the patient or any person who is responsible for him/her or represents him/her means that:

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 parry he wants to consult, and that he has approved what was explained to them and requested the physicians of Dentitroe 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 cont in full.

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 Exchange Systems (MADDH) in accordance with the Learner the United Manuel Planting Systems (MADDH) in accordance with the Learner the United Manuel Planting Systems (MADDH) in accordance with the Learner the United Manuel Planting Systems (MADDH) in Contracts, Emirate of Dubai Legislation and Dubai Health Matherity Policies.

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

HIND HUMAID ALI ALI

15-Sep-2024

Patient's name

Signature of Patient Legally authorized Representative

Date 15-Sep-2024

Witness Signature

Date

Date

Dentist's Signature

Dr. Tarun Wana Specialist Pediatric Dentistry

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DENTISTREE DENTAL CLINIC (BRANCH)