

Patient File No

Patient Name Nationality **Emirates ID**

Prachi Lalitbhai Tibrewal Ramavtar Tibrewal

Indian 784-1988-1314142-5

23-Sep-1988

Gender

Female 24-Sep-2024

Teeth Cleaning

تنظيف الأسنان

عملية تنظيف الأسنان هي عبارة عن تنظيف البلاك (هي طبقة بيضاء ناعمة تغطي السن) أو الجير (وهو البلاك المتعلب) بواسطة أحدث أجيزة التنظيف من بعدها يتم المتعلب) بواسطة أحدث أجيزة التنظيف من بعدها يتم للمتخدم آماه اللبرود. البلاك بحتاج بالأطب لجسط أما تنظيف الموجود بعدها أما تنظيف الموجود بعدها أما تنظيف الموجود المتعلق محجون يستخدم عملي النشار أو حدة الجير، اذا كان الجير سطعي فضا أل الإطباب عبدا في المتعلق و من بعدها يتم تنصيب على المتعلق من بعدها يتم تنصيب عنه المتعلق ا

إن عدم النزام المريض بالمواعيد المحددة له أو تعليمات الأطباء قد تؤدي إلى مضاعفات إن عدم النزام المريض بالمواعيد المحددة له أو تمليمات الأطباء قد تؤدي الى مطاعقات قد تغير خطة الملاح أو تؤدي إلى قبطاء في هملة الحالة يتحمل هو وحده لكنف خطاء المراحسية المتحق عليها إضافة إلى التكفية الإنسانية الناتجة الملاح الملاح الرضية المطاق المحاصفة المسافقة الإنسانية عيادة دينتاستري للسناتاتي المسافقة ويتناستري للسناتاتي المسافقة أطبانه أي مسؤولية أخري تحمل عيادة عيادة دينتاستري للسناتاتي المادونية مهما كانت.

إن تكلفة جميع مراحل الملاج بجب أن تدفع مقدماً بالكامل و هي غير مرتجعة في أي مرتجعة في أي مرتجعة في ألك مرتجلة من مراحل الملاج بدى ولم يكمل العريض العلاج لأي مساوليا والمياه والمياه والمياه والمياه والمناه والمتقدم من هو مساوليا عنه أو يبطته على هذا الورفة يدي أنه: فراها مراجعة أخرى يربطه بشكل كامل يريضه كل ما يتعلق المالاج من اطفاء المبادة عيادة دريناستري للسناتاليد، في العلاج وفوضهم يعمل ما يروفه مناسب لعلاجه وتعهد بالإنتزام بتعليماتهم و مواعيد العلاج و بدفع كامل تكفية لعلاج.

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

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 plaque is removed using the latest definal undeatonic 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 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 reliculus Come mobility may be depended in an extend of the reliculus Come mobility may be depended in a contract of the reliculus Come mobility may be depended in an extend of the reliculus Come mobility may be 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 occumulent has case.

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. 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

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, attend 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
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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 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 will access my healthinformation through the Health Information Exchange System (NABIDH) in accordance with the Lawsof the United ميتكنون من الوصول إلى صحتى المعلومات من خلال نظام تبادل المعلومات المحدة، تشريعات إمارة دبي وسياسات (NABIDH) in accordance with the Lawsof the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health محمدة، تشريعات إمارة دبي وسياسات (NABIDH)

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

Prachi Lalitbhai Tibrewal Ramavtar Tibrewal

24-Sep-2024

Patient's name

Signature of Patient Legally authorized Representative

24-Sep-2024

Date

Witness Signature

Dipti Sanghavi

Dentist's Signature

Dr. Dipti Sanghavi Specialist Periodontics

DENTISTREE DHA-00128316-003 DENTISTREE DENTAL CLINIC