

Patient File No : 4187

Patient Name : Arsh Aslam Narsinghani Aslam Narsinghani

Nationality : Indian

Emirates ID : 784-2013-3593478-8

Surgery & Tooth Extraction

الجراحة وخلع الأسنان

26-Jun-2013 Male

20-Sep-2024

DOB

Date

Extraction and surgeries are the last course of action any dentist would choose but some teeth are beyond repair. The patient is an anesthetized for the procedure; after the procedure the patient may experience numbness or loss of feeling in the tongue, lips, teeth or surrounding structures (Paresthesa) that may last for an indefinite period of time (days or months). In some cases pharmacological treatment may be meeded prior, during, and after the extraction this is why 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 due to the complicated root morphology or shape the root tip may fracture or dislodge into the sinus 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 be subject to additional cost which the patient has to pay, and would require extra treatment time and stra sessions. In some cases, the tooth is attached to the bone firmly or embedded in bone rendering simple extraction almost impossible thus requiring a more complicated surgical procedure which may include incisions, removal of surrounding bone and suturing the wound. During the procedure the adjacent teeth may be loosened or in some cases, their fillings or the tooth itself might fracture. In some cases their fillings or the tooth itself might fracture. In some cases their fillings or the tooth itself might fracture. In some cases their fillings or the tooth itself might fracture. In some cases their fillings or the tooth itself might fracture. In some cases the patient may be hospitalized due to complications. Following the occur for frainted jaw opening to occur or

In case the patient insisted on changing the treatment plan in conflict with the dentist's advice, 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.

post-operative pain for the following 25 days of mages: More 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, precautions and procedures apply.

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 then treatment, even if the patient did not complete the treatment for any reason whatsoever. Signing this paper by the patient or any person 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 center and any other party he wants to consult, and that he 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 Dubai Legislation and Dubai Health Authority Policies.

المعلمات الجراحية أو خلع السن هو أخر حل يفترحه الطبيب. يعش الأسنان لا يمكن علاجها بدير الخاب بديرة الأسان لا يمكن علاجها بديرة الخاب بديرة الإسان المواجها المتعلقة المحيطة بالسن لقرة غلاجها بديرة الخاب معلقة الخاب والسنان والشغة و المتعلقة المحيطة بالسل لقرة غلاجة الواحدة الطاح لقائلة المسابق المسابق المتعلقة المحيطة بإلى المتوقع قبل أو المواجها المسابق المتعلقة المحيطة بالمتعلق المتعلقة المحاجة عن الحاجة المعلقة المتعلقة المتعلقة

تكلفة جميع مراحل العلاج بجب أن تدفع مقدما بالكامل و هي غير مرتجعة في أي مرحلة من مراحل العلاج حتى و لم يكمل المريض العلاج لأي سبب.

في حال اصرار العريض على تغير خطة العلاج بما يتمارض مع نصائح العليب فعليه هو او من بطلة أو مسؤول عنه التوقيع على التعهد الخاص بذلك والذي يعلى عيارة عيادة جيئنامتري للسنان وأطباله ويشكل كامل من أي مسؤولية مائية أو طبية أو والتوزية أن معتولة مهما لكنت.

عدم إلازام المربض بالمواعيد المحددة له أو تعليمات الأطباء قد يؤدي إلى مضعفات قد التجر خطة الملاج أو تؤدي إلى فشلها و في هذه الحالة يتحمل هو وحده تكلفة خطة العلاج تغير خطة الملاج أو القرائب الساقة إلى التكلفة الإضافية الثانية من تعديل حملة الملاج كما يتحمل المربض أيضا أي مسوولية أخرى دون تحمي عوادة عيادة ميتناستري للسنان أو أطبائه أى مسؤولية مادية أو طبية أو معنوية أو قانونية مها كانت.

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

قرأها و فهم ما فيها وقبل بها و أستفسر بشكل كامل ويرضيه كل ما يتملق بالملاج من الطباء المركز ومن أي جهة أخرى بريدها و وافق عليها و طلب من لطباء عبادة عبادة ويتناستري للسنان البنده في الملاج وفوضهم بعمل ما يروفه مناسب لعلاجه وتمهد بالإلتزام يتعليماتهم و مواعيد العلاج وبدفع كامل تكففة الملاج.

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

وافق على أن مقدم (مقدمي) الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول الى صحتي المعلومات بن خلال نظام ثبادل المعلومات الصحية (NABIOH) وفقا للقوانين دولة الإمارات العربية المتحدة، تشريعات إمارة دي وسياسات هيئة المبحة بدي.

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

Arsh Aslam Narsinghani Aslam Narsinghani

20-Sep-2024

Patient's name Signature of Pat

Signature of Patient Legally authorized Representative Date

20-Sep-2024

Witness Signature

Rehna Ramachandran

Dentist's Signature

Date

Dr. Rehna Ramachandran General Dentist REE DHA-00112064-001

DENTISTREE DHA-00112064-001