INCISION AND DRAINAGE INFORMED CONSENT

Patient details

Patient Name		Kumar Aakash Bhanu Pratap Singh	Reg #		4186	
Gender	:	Male	Nationality		Indian	
DOB/Age	:	08-Jun-1992	Mobile #]:	0566885339	
Email			Facebook A/c	:		

This form and your discussion with your doctor are intended to help you make informed decisions about your surgery. As a member of the treatment team, you have been informed your diagnosis, the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. Your should consider all of the above, including the option of declining treatment, before deciding whether to proceed with the planned procedure. Your doCtor will be happy to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed With the procedure.

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Туре	Code	Diagnosis	Notes
No Diagnosis Foun	nd for Selected Appointment		

Procedure:

Alternative options:

- 1. I have been informed of and understand the potential risks related to this Surgical procedure jnclude but are not limited to:
 - Pain, swelling, bleeding, infection, bruising, delayed healing, scarring, damage to other teeth and/or roots that may result in the need for tooth repair or toss, loose tooth/teeth, damage to dental appliances, cracking ahd/or Stretching of the corners ofthe mouth, cuts insidethe mouth Or On the lips, jaw fracture, stress or damage to the jaw joints (TMJ), difficulty in openingthe mouth or chewing, allergicand/or adverse reaction to medications and/or materials;
 - Nerve injury, whith may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue(ihcludingloss oftaste). Such conditiong may resolve overtime, but jn Some cases may be permanent;
 - Lossof function and/or weakness of facial expression muscles possibly affecting my appearance. Such conditions may resolve over time, but in some cases may be permanent;
 - Changesin spéeth, Chewing, and swallowing. Süch conditions may resolveovertime, but in some cases may be permanent;
 - Abnormal, enlarged, or cosmeticallt, w unpleasing scars mayoccur within theskin and déeper tissue, sometimes
 additional Surgery. Some scarring may be permanent and always be viSible;
 - Continued or worsening infection which may require additional treatment.

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.

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

Kumar Aakash Bhanu Pratap Singh

Patient's Name

Signature of Patient Legally authorized Representative

Shyam Bhat

21-Sep-2024

21-Sep-2024

Doctor's Name

Doctor's Signature

Date

Dr. Shyam Bhat
Specialist Oral & Maxillofacial Surgery
DENTÍSTREE DHA-00212475-006
DENTISTREE DENTAL CLÍNIC