

(if applicable), for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Dr. Rutul Desai and / or his associates to render treatment and administering or any medications and / or anesthetics deemed necessary for my treatment.

I have been given the opportunity to ask questions and give my consent for the proposed treatment as Described above.

I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.

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

Jairam Jailal Shri LalChand khoobchandani

26-09-2021

Patient's name

Signature of Patient Legally authorized Representative

Date

Jairam

26-09-2021

Witness Signature

Date

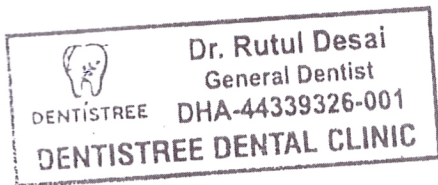
[Signature]

26-09-2021

Dentist's Signature

Date

R. K. Desai



IOPA $\frac{7}{17}$ shows deep restorative filling
PT is Adv to do RCT in 17 but PT insisted
for restoration so did temporary restorations
in 17.

Jairam
30/09/2021