

express concerns about my dental condition, the treatment options, and my refusal of treatment. The undersigned provider has answered all my questions and addressed all my concerns. I understand the full scope of the situation and am making an informed decision.

Informed Consent:

I have been given the opportunity to ask any questions regarding the nature and purpose of veneers and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired result, which may or may not be achieved. The fee (s) (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. Negin Shahabzadeh and / or his associates to render treatment and administering 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.

I agree that healthcare provider(s) involved in my care at this facility will access my health information through the Health Information Exchange System (NABIDH) in accordance with the Laws of 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**

The selected shade of veneer agreed upon with my dentist is Dr. Negin Shahabzadeh



Pakkhi Pahuja

10-May-2025

Patient's name



Signature of Patient Legally authorized Representative

Date

10-May-2025

Witness Signature



Date

10-May-2025

Dentist's Signature



Date

10-May-2025