



DENTISTREE

DENTAL CLINIC

Patient File No : 5258
 Patient Name : Kudsiya Afreen Abdul Haq
 Nationality : Indian
 Emirates ID : 784-1997-6306054-0

DOB : 04-Aug-1997
 Gender : Female
 Date : 03-Jul-2025

Root Canal Treatment

علاج العصب

Endodontic therapy or root canal treatment consists of drilling the tooth till the nerves are reached then removing the nerves from the tooth and the canals of each root (number of roots and canals in them vary from one tooth to the other). After nerve removal, the canals are cleaned and widened using rotary instruments and are irrigated with special irrigates. Finally, the canals are filled with a special kind of filling and the tooth is closed with a filling material. This procedure requires anesthesia, 1-5 session and in some cases more, and requires radiographs prior, during, and after treatment. Patient may experience pain between and after sessions and may require pharmacological treatment during or after the treatment. After root canal treatment the tooth may become weak and during caries removal the doctor may have to remove a large portion of the tooth this may require the insertion of a post. The post can be a screw-like structure or it may also be smooth surfaced. It is placed into the canals to retain the final filling to the roots; thus resulting in an extra charge and the treated tooth will need crowning. The treatment may fail for many reasons which require retreatment but in some cases surgical intervention like apicectomy is needed. In case all fails the tooth has to be extracted and replaced by either an implant or a bridge depending on what the doctor sees fit for each case. 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 extra sessions. In some cases, the rotary instruments may break in the root canal, perforation or breakage of the root, or leakage or over extension of the root filling material from the root tip thus requiring further treatment that could end up by extracting the tooth.

Dentistree Dental Clinic guarantees the quality of treatment for 6 months but endodontically treated teeth may have some problems later due to new caries, gum problems, or many other reasons. It's up to the dentist and the dentist alone to decide the treatment plan, what phases of treatment the case needs and what instruments and materials to be used. 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

معالجة جذر السن أو معالجة عصب السن هي عبارة عن حفر السن عصب الموجود داخله ثم إزالة العصب من داخل الجذر أو الجذور تسبب السن) ثم القيام بتنظيف الأقنية وتوسيعها بواسطة الأدوات مثل بمحاليل خاصة وبعدها تحشى الأقنية بمادة خاصة ثم يتم إغلاقه النهائي.

لتخدير السن و يستغرق من 1 إلى 5 جلسات ، و يجرى أخذ صورة من العالج خلال العمل أو بعده. قد يحدث ألم في السن بين جلسات وقد يحتاج المريض إلى المعالجة الدوائية خلال العمل وبعده.

بيفا بعد المعالجة البهية وقد يضطر الطبيب لإزالة جزء كبير من السن وعندما لا بد من وضع وتد داخل السن وهو عبارة عن برغي معدني أو مسنن الحواف أو أملس ويوضع بهدف تثبيت الحشوة النهائية مع لب ذلك تكلفة إضافية كما يتوجب بعدها تلبيس أو تتوبيح السن. قد ، العلاج اللي لأسباب متعددة وعندما يتطلب إعادة علاج وفي بعض راجي مثل قطع ذروة السن. وفي حال عدم النجاح يتم خلع السن وة أو جسر حسب ما يراها الطبيب مناسب فكل حالة.

عذر أو إنكساره أو خروج الحشوة من ذروة الجذر مما يتطلب علاج لع السن. أي علاج آخر يطراء على خطه العلاج لأي سبب فلة تكلفة المريض أحياناً أثناء علاج العصب إنكسار الأدوات المستخدمة داخل و يتطلب وقت و مواعيد علاج إضافية.

ات أبيكس الطبية جودة المعالجة لمدة ستة أشهر. ممكن للسن ض لمشاكل لاحقاً بسبب تسوس جديد أو مشاكل في اللثة أو غيرها. ة تقرير خطة المعالجة وما تتطلبها الحالة من مراحل علاج وأدوات أو ب.

ض على تغيير خطه العلاج بما يتعارض مع نصائح الطبيب فعليه هو سؤول عنه التوفيق على التعهد الخاص بذلك والذي يعفي عيادة وأطبائه بشكل كامل من أي مسؤولية مالية أو طبية أو قانونية أو معنوية

ض بالمواقع المحددة له أو تعليمات الأطباء قد تؤدي إلى مضاعفات ج أو تؤدي إلى فشلها، وفي هذه الحالة يتحمل هو وحده تكلفة خطة نفق عليها إضافة إلى التكلفة الإضافية الناتجة عن تعديل خطة العلاج ، أيضاً أي مسؤولية أخرى دون تحمل عيادة دينتاستري للسناني مادية أو طبية أو قانونية أو معنوية همما كانت.

راحل العلاج يجب أن تدفع مقدماً بالكامل و هي غير مرتجعة في أي

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 therapy the treatment needs, and the instruments and materials used.

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 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 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.

I have read all what is mentioned above and I will sign below in agreement on it.

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.

قدmi) الرعاية الصحية المشاركون في رعايتي في هذه المنشأة
ل إلى صحي المعلومات من خلال نظام تبادل المعلومات الصحية
إذن دولة الإمارات العربية المتحدة، تشريعات إمارة دبي وسياسات

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

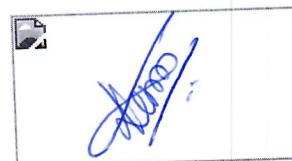


03/7/2025

Kudsiya Afreen Abdul Haq

Patient's name

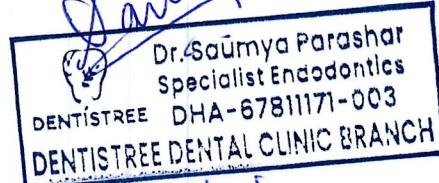
Signature of Patient Legally authorized Representative



03/7/2025

Witness Signature

Saumya Parashar



03/7/2025