☐ I refuse to give my cor associated with this refus	nsent for the proposed treatment(s) as described above and have been explained the potentia al.	al consequences
Sign here, only if all of your questions have been answered to your satisfaction		
Arti Tahiliani		29-08-2023
Patient's name	Signature of Patient Legally authorized Representative	Date
and in	Style -	29-08-2023
Witness Signature		Date
	1. A. Cubbe subba	29-08-2023
Dentist's Signature	Dr. Tarona Azem Subos Dr. Tarona Azem Subos Specialist Periodonics Specialist Periodonics Specialist Periodonics Specialist Periodonics Specialist Periodonics	Date
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