

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

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



Vandana Kochhar

26-Feb-2024

Patient's name

Signature of Patient Legally authorized Representative

Date

26-Feb-2024

Witness Signature

Soniya



Date

Dr. Rutul Desai

26-Feb-2024

Dentist's Signature



Date

