

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.

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

Svitlana Halahuz



05-Mar-2024

**Patient's name**

**Signature of Patient Legally authorized Representative**

**Date**

05-Mar-2024

**Witness Signature**

Soniya



**Date**

Rutul Desai

05-Mar-2024

**Dentist's Signature**

R. Ic. Desai



**Date**

