

The cost of all stages of treatment must be paid in full in advance and is non-refundable at any stage of then 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 center and any other party he wants to consult, and that he 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**



David Karapetyan

04-Mar-2024

**Patient's name**

**Signature of Patient Legally authorized Representative**

**Date**

04-Mar-2024

**Witness Signature**

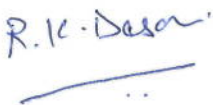


**Date**

Rutul Desai

04-Mar-2024

**Dentist's Signature**



**Date**

