

appointments can result in ultimate failure of the crown / bridge to fit properly.

You have the right to refuse or discontinue treatment. You will be informed about the consequence of your decision to refuse or discontinue treatment and about available care and the treatment alternatives.

Informed Consent:

I have been given the opportunity to ask any questions regarding the nature and purpose of crown and / or bridge treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired result, which may or may not be achieved. The fee (s) (if applicable), for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Rutul Desai and / or his associates to render treatment and administering or any medications and / or anesthetics deemed necessary for my treatment.

I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.

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

Ronny Henriksen



08-Mar-2024

Patient's name

Signature of Patient Legally authorized Representative

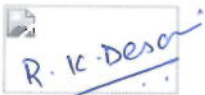
Date



Sonya

08-Mar-2024

Witness Signature



R. K. Desai



Date

08-Mar-2024

Dentist's Signature

Date

Shade - 2m2