□ Leafuse to give my concept for the prope	sed treatment(s) as described above and have been explained the potential	consequences
associated with this refusal.	sed treatment(s) as described above and have been explained the potential	
Sign here, only if all of your questions have been answered to your satisfaction		
Youssef El Hamalawy		01-04-2024
Patient's name S	ignature of Patient Legally authorized Representative	Date
Je Syl	CH.	01-04-2024
Witness Signature		Date
Soay	Dr. Pearl Pinto General Dentist DENTISTREE DHA-04205785-003 DENTISTREE DENTAL CLINIC	01-04-2024
Dentist's Signature		Date