

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

Youssef El Hamalawy



01-04-2024

Patient's name

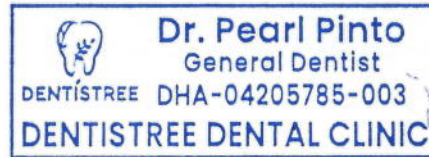
Signature of Patient Legally authorized Representative

Date

01-04-2024

Witness Signature

Date



01-04-2024

Dentist's Signature

Date