5/4/24, 1:39 PM	ClinicSoft - Dental Treatment Consent Form	
\Box I refuse to give my consent for the passociated with this refusal.	proposed treatment(s) as described above and have been explained the potentia	l consequences
Sign here, only	if all of your questions have been answered to your satisfaction	
Pransh Nikunjkumar Yadav		04-05-2024
Patient's name	Signature of Patient Legally authorized Representative	Date 04-05-2024
Witness Signature	Dr. Chahita Lalchandani	Date
O' (gy)	Dr. Chahita Lalchandani Pediatric Dentist DENTISTREE DHA-70366191-004 DENTISTREE DENTAL CLINIC	04-05-2024
Dentist's Signature		Date

Date

Dentist's Signature