

Patient File No

2848

Patient Name

Sheng Chyuan Guo

Emirates ID

Chinese 784-1971-2118218-8 DOB

02-Aug-1971

Gender Date

Male : 24-Jul-2024

Teeth Cleaning

تنظيف الأسنان

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Teeth's cleaning is a process in which plaque (a thin soft white layer covering the teeth) or calculus (the hardened or calcified plaque) is removed using the latest dental ultrasonic machine at high speed with water spray as a coolant. Plaque usually needs one session of cleaning after which airflow technique and professional polishing is performed. As for calculus it may require 1 to 2 sessions depending on its extent. If its superficial then one session is required after which activities are supported to the control of the control o session is required after which polishing is done to smooth the teeth. If the calculus is deep then that requires 2 or more teeth. If the calculus is goep then that requires 2 or more sessions of deep scaling in which the roots are also cleaned, smoothed and polished. If any further treatment is unexpectedly added to the treatment plan for any reason, it would be subject to additional cost which the patient has to pay, and would require extra treatment time and extra sessions. After scaling the nationary foat flexit to product the patient has the patient may feel slight to moderate sensitivity depending on the patient may feel slight to moderate sensitivity depending on extend of the calculus. Some mobility may be experienced in cases of deep scaling the severity of which depends on extend of bone loss and may require further treatment. Some patients may notice some spaces between their teeth those are due to the removal of the calculus that was occupying that space.

In case the patient insisted on modifying the treatment plan against the doctor's recommendations then he/she or his/her representative or the person responsible for him/her has to sign a pledge that exempts Dentistree Dental Clinic, and its Dentists, in full from of any liability whatsoever, whether financial, medical, legal or moral.

patient's absence on the dates and timings set for him/her or lack of commitment to the doctor's instructions could lead to complications that would change the treatment plan, or lead to its failure, and in such case, he/she alone would be responsible to pay the cost of the original treatment plan already agreed upon in addition to the additional cost resulting from modifying the treatment plan. The patient in this case is responsible about the results whatsoever and should fully exempt Dentistree Dental Clinic and its doctors from any liability whether financial, medical legal or moral

The cost of all stages of treatment must be paid in full in advance and is non-refundable at any stage of the treatment, even if the patient did not complete the treatment for any treatments of the stages whethere. reason whatsoever.

Signing this paper by the patient or any 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 clinic and any other party they want to consult, and that the patient 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 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.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 clinic and any other party they want to consult, and that the patient has approved what was explained to them and requested the physicians of Dentistree Dental Clinic to begin the treatment and some the conto 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

I agree that healthcare provider(s) involved in my care at this facility will access my healthinformation through the Health Information Exchange System (NABIDH) in accordance with the Lawsof the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health **Authority Policies**.

عملية تنظيف الأسنان هي عبارة عن تنظيف البلاك (هي طبقة بيضاء ناعمة تعطي السن) أو الجير (وهو البلاك التعسلم) بواسطة أحدث أجهزة الانتظيف القوق صوفية أنني تضخدم الماء للتيويد، البلاك يحجاج الإنقليف القوق صوفية أنني اسن بواسطة معجون يستخدم عصيصاً، أما تنظيف الجور فينطلب من جلسة ألى السن بواسطة معجون يستخدم عصيصاً، أما تنظيف الجير ولينطب من جلسة ألى الأقلب سيتطلح على الجير المستطحي فعلي التيويد والمستطحي فعلي التيويد والمستطحي فعلي التيويد والمستحين المستطحي فعلي التيويد والمستحين الديويد والمستحين المستحين مع المستحين على المستحيد المعادي المستحين ال إن عدم النزام المريض بالمواعيد المحددة له أو تعليمات الأطياء قد تؤدي الى مضاعفات

إن عدم التزام المريض بالمواعيد المحددة له أو تعليمات الأطباء قد تؤدي ال مطاعاتات قد تقرر خطة الملاج أو تؤدي إلى فشلها, وفي هذه العالة يتحمل هو وحده نكفة خطة العلاج الأصباء المتقف عليها إضافة إلى الكنفة الإخطافية التاتية عن تنطيخ خطة الملاج كما يتحمل المريض أيضا أي مسؤولية أخري دون تحمل عبادة عبادة دينتاستري للسناناو أطبائه أي مسؤولية مادية أو طبية أو قادونية أو معنوية مهما كانت.

إن تكلفة جميع مراحل العلاج يجب أن تدفع مقدماً بالكامل و هي غير مرتحدة في أي مرتحلة من مراحل العلاج حتى ولم يكمل المريض العلاج لأي سبب. إن توقيع المريض أو مسؤول عنه أو يبتله على هذه الورقة يدي أنه تراها وفهم عالمها وطباء واستقمر بشكل كا مل ويرضيه كى ما يدعلق بالدلاج من أطباء الملاءة ومن أي جملة أخرى يريضه ووافق عليها و طلب من اطباء عبادة عيادة وينتاستري للسنانالبد، في العلاج وفوضهم يعمل ما يرونه مناسب لعلاجه ونهمة بالإنتزام بتعليماتهم و مواعيد العلاج و بعض كامل كنفة العلاج.

لقد قرأت ما سبق و عليه أوقع توقيع المريض/ المريضة أو من يمثله:

وافق على أن مقدم (مقدمي) الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول أبي صحتي المعلومات من خلال ثقام تبادل المعلومات الصحية (NABIDH) وفقا للقوانين دولة الإمارات العربية المتحدة، تشريمات إمارة دبي وسياسات

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

Sheng Chyuan Guo

24-Jul-2024

Patient's name

Signature of Patient Legally authorized Representative

Date 24-Jul-2024

Witness Signature

Date

Pearl Pinto

Dentist's Signature

Dr. Pearl Pinto General Dentist DENTÍSTREE DHA-04205785-003 DENITICTORE DENITAL CLINIC

24-Jul-2024