

center and any other party he wants to consult, and that he 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 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 agreement on it.

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

Kimaya Satyan Jham

*Kimaya Jham*

Patient's name

*ss*

Signature of Patient Legally authorized Representative

25-Mar-2024

Date

25-Mar-2024

Witness Signature



Date

Chahita Lalchandani

Dentist's Signature



25-Mar-2024

Date

*DL*

