

Informed Consent For Veneers									
Patient Name	:	Vision Test Patient			Emirates ID	:	784-1996-5887788-8		
File No	:	1	DOB		2020-07-22	Nationality	:	Indian	
Gender	:	Female	Doctor's Name		Doctor Vision	Date	:	2023-11-22	

I consent to the examination, tests, and treatments, which may be done by the physician and assistant staff during my course of therapy. I understand I have to inform my personal and medical details and have the right to be informed about my treatment. I understand that the Center is not responsible for my personal property, money, or valuable left unattended. I authorize the Center to release information about my treatment: a.) as required to process payment of claims and (b) to other facilities or providers for the continuity of my care. In consideration of the services provided at the centre, I agree to pay the centre for all services provided to me. If any health insurance programs cover my treatment, I authorize the centre to bill any such insurer for all medical services provided, and agreed to pay any co-payment or charges not covered by my health insurance. This consent form will be stored in the patientâeldelta medical record at the clinic. I have read and understand the information on this sheet.

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