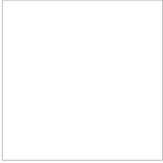


Consent for Endodontic Procedures

Patient Name	:	sandhya rani	Emirates ID	:	784-1996-9294842-7
File No	:	7	DOB	:	2023-10-09
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	test test
Date	:	2024-03-11			

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

Patient/Parent/Guardian	Witness	Doctor
		
Patient Name sandhya rani Date 2024-03-11	Witness Name eerr Date 2024-03-11	Doctor Name test test - Laser (1) Date 2024-03-11