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MEMBER CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name	:	bnmn fghj			Emirates ID	:	111-1111-1111111-1		
File No	:	7000243	DOB	:	1900-01-01	Nationality	:	Other	
Gender	:	Male	Doctor's Name	:	Super Administrator ygy	Date	:	2023-10-23	

This form will acknowledge your consent to treatment recommended by your Dental Implantologist

Sign here, only if all of your questions have been answered to your satisfaction		
PATIENT	WITNESS	DOCTOR
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If Guardian, relation to the Patient		