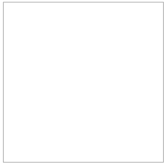


## Consent for Endodontic Procedures

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	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 sai krishna  Date 2024-03-11	Witness Name fgfg  Date 2024-03-11	Doctor Name test test - Laser (1)  Date 2024-03-11