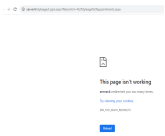
Ø¥Ù‚Ø±Ø§Ø± Ø¨Ø§Ù„Ù…Ù‚Ø§Ùù‚Ø© Ø¹Ù„Ù‰ Ø§Ù¥ÙØµØ§Ø Ø¹Ù† Ù…Ø¹Ù„Ù‚Ù…Ø§Ø³ Ø·Ø¨ÙŠØ©
MEMBER CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name	:	bnmn fghj				Emirates ID	:	111-1111-1111111-1
File No	:	7000243	DOB	:	1900-01-01	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	occupational therapt	Date	:	2023-09-13

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
		
If Guardian, relation to the Patient		