

ØƳÙ,Ø±Ø§Ø± Ø¨ Ø§Ù,,Ù...Ù^ Ø§ÙÙ,Ø© Ø¹Ù,,Ù%ºº
Ø§Ù,,ØƳÙØµØ§Ø Ø¹Ù† Ù...Ø¹Ù,,Ù^Ù...Ø§Øª Ø·Ø¨ÙŠØ©

MEMBER CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name	:	Tausif Last Name			Emirates ID	:	784-1990-7076280-4	
File No	:	1000001	DOB	:	1990-12-25	Nationality	:	I-Kiribati
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-10-16

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		