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MEMBER CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name	:	Reshma Insurance Daman			Emirates ID	:	784-1996-2578988-8		
File No	:	7000360	DOB	:	1996-04-06	Nationality	:	Other	
Gender	:	Female	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-10	

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
<div>5</div>		<div>Sytnique</div>
If Guardian, relation to the Patient		