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MEMBER CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name	:	Aswathi Vipin		Emirates ID	:	784-2543-5254612-1		
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Alan Alfred	Date	:	2023-11-27

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		