
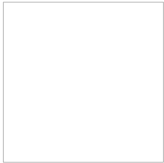


Consent for Endodontic Procedures

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	test test
Date	:	2024-03-09			

Sign here, only if all of your questions have been answered to your satisfaction

Patient/Parent/Guardian	Witness	Doctor
		
Patient Name Reshma Siya Date 2024-03-09	Witness Name dfgdfgdgg Date 2024-03-09	Doctor Name test test - Laser (1) Date 2024-03-09