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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	:	2023-10-30

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>S</div>		<div>Syngue</div>
If Guardian, relation to the Patient		