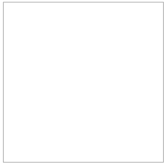


## Consent for Endodontic Procedures

|              |   |             |               |   |                    |
|--------------|---|-------------|---------------|---|--------------------|
| Patient Name | : | sai krishna | Emirates ID   | : | 784-8666-6666666-7 |
| File No      | : | 8           | DOB           | : | 1996-09-25         |
| Gender       | : | Male        | Doctor's Name | : | test test          |
|              |   |             | Date          | : | 2024-03-11         |

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

| Patient/Parent/Guardian                               | Witness   | Doctor  |
|---|---|---|
|   |   |  |
| Patient Name<br>sai krishna<br><br>Date<br>2024-03-11 | Witness Name<br>jjkjkjk<br><br>Date<br>2024-03-11 | Doctor Name<br>test test - Laser (1)<br><br>Date<br>2024-03-11                      |