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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 |
|  | |  |
| If Guardian, relation to the Patient | | |