

## **Patient Informed Consent**

### **On inspection and medical (surgical, orthopedic) treatment.**

I, \_\_\_\_\_, authorize

the Private Enterprise "O'DENT" (hereinafter called «Clinic»), on behalf of doctor \_\_\_\_\_ to carry out My inspection, necessary for diagnosis ascertainment, including by the means of radiography method , and treatment properly.

I understand that the result of My treatment depends on, including, My initial level of health, and also of anatomical features of my organism, so, I had truly stated all past and associated diseases in my medical card, which I had signed with one's own hand.

I understand and agree that the Clinic doesn't responsible for the quality of earlier made treatment in other medical institutions and origin of the medical complications, connected with exacerbation of chronic inflammatory processes during retreatment of such teeth.

To me, according to My will, are given full and comprehensive explanations about character and possible consequences of the medical intervention, all possible outcomes and alternatives to the offered medical intervention are explained.

I had possibility to ask all questions, which are interesting to me and get irrefragable answers.

I'm acquainted with the price-list for rendering of services and conditions of granting of guarantee bond.