

References

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Patient Approval of Gingiva Laser Treatment

Name of the patient:

File number:

Nationality:

Date:

I have been advised by Dr. Bouthaina that I required gingiva treatment and the dentist have explained desirability of the gingiva Low Level Laser treatment compared with conventional treatment.

Complications which may occurred, and treatment risks, and I should commit to inform the dentist about any systemic disease, before treatment.

Signature.....