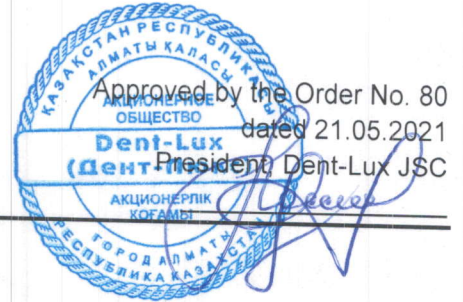




Dental Clinics



**Dental Services
AGREEMENT
(Drafted pursuant to the Articles 387, 389 of the RoK CC¹)
(Standard Form)**

Almaty city

This Dental Services Agreement is the standard agreement and deed of adherence that shall regulate and guide the relations between Dent-Lux Joint Stock Company existing under the State License No. 20012459 dated August 27, 2021, hereinafter referred to as the "Clinic" and the Patient, legal representative acting in the interests of the Patient, hereinafter referred to as the "Client" on the other part, collectively hereinafter referred to as the "Parties".

ARTICLE 1. SUBJECT OF THE AGREEMENT

- 1.1. The Clinic shall assume a responsibility to render the dental services to the Client, according to the list of dental services (works) provided by the Clinic, hereinafter to be referred to as the "Services", and the Client undertakes to receive the Clinic Services and pay for these services based on the conditions hereof (hereinafter referred to as the "Agreement").
- 1.2. The Services shall include a full range of the medical treatment for health purposes provided by the Clinic, as follows: the therapeutic (surgical, orthodontic) treatment or prosthetics, and the dental and gingiva disorder prevention measures made by the Clinic, and their related consultations.
- 1.3. This Agreement is the Public Offer. Provisions of the Article 387 of the RoK CC (Standard Agreement) and Article 389 of the RoK CC (Deed of Adherence) shall be applicable to this Agreement. Terms and conditions hereof shall be uniform to all the Clinic's Clients.
- 1.4. Application Request for Accession to the Agreement signed by the Client is the Offer acceptance and a fact of accession to this Agreement.
- 1.5. By joining this Agreement, the Patient agrees in advance with the following informed consent for each type of planned medical intervention, depending on the diagnosis and clinical situation:
 - Appendix No. 1 to the Agreement - Consent form for the treatment of deep caries with the likelihood of the transition of the inflammatory carious process into the dental pulp (pulpitis);
 - Appendix No. 2 to the Agreement - Informed consent to treatment without a guarantee;
 - Appendix No. 3 to the Agreement - Consent to teeth whitening;
 - Appendix No. 4 to the Agreement - Consent to endodontic treatment;
 - Appendix No. 5 to the Agreement - Informed voluntary consent to restorative orthopedic treatment (ceramic restorations (inlays, onlays));
 - Appendix No. 6 to the Agreement - Consent to orthopedic treatment;
 - Appendix No. 7 to the Agreement - Informed voluntary consent to tooth extraction;
 - Appendix No. 8 to the Agreement - Informed consent for dental treatment of a child (up to 15 years old).

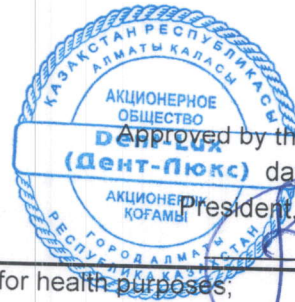
ARTICLE 2. OBLIGATIONS OF THE PARTIES

- 2.1. The Clinic undertakes to:
 - 2.1.1. Charge and instruct the specialists to examine and check the Client to be pre-diagnosed, to plan a scope of the treatment required (prosthetics) and completely inform the Client about the check-up results in the time agreed with the Client.
 - 2.1.2. Explain all the Services related aspects, properties, characteristics, expected aesthetic appearance and possible health complications in details to the Client, considering lack of the Client's special knowledge.
 - 2.1.3. In accordance with the preliminary diagnosis, treatment plan and explanations provided, carry out the procedures in a quality manner, as follows:

¹ Civil Code of the Republic of Kazakhstan



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- a) Therapeutic (surgical, orthodontic) treatment or prosthetics for health purposes;
 - b) Professional oral prophylaxis;
 - c) Oral hygiene training provided to the Client.
- 2.1.4. Immediately notify the Client, in case of need to change to treatment plan (prosthetics) to get the Client's consent.
- 2.1.5. Consider the Client's wishes in choosing the Clinic's specialists for Services rendering.
- 2.1.6. Inform the Client in a timely manner that the Client's failure to follow the instructions and other medical recommendations of the Clinic's specialists may significantly reduce the quality of the Services rendered and lifetime of the relevant medical device (dental filling, prosthesis, etc.) provided, as follows:
- a) Oral cavity hygiene offences;
 - b) Teeth (implants, prostheses) using for performing non-relevant functions;
 - c) Missing the preventive visits to the Clinic's specialists;
 - d) A failure to provide the information required for the Clinic's specialist to make a proper diagnosis, and make a proper decision concerning the treatment or other services rendering ways, methods and other conditions;
 - e) Client's selecting the Services (structure selecting) methods that disagree with the methods offered by the Clinic's specialist;
 - f) Ignoring other recommendations of the Clinic's specialist.
- 2.1.7. Service the Client in the agreed time and in proper quality manner.
- 2.1.8. Explain to the Patient the essence of the Informed Consent for each type of planned medical intervention (Appendices No. 1-8 to this Agreement).
- 2.2. The Client undertakes to:
- 2.2.1. Read the official information about the Clinic in the amount provided by the Clinic;
 - 2.2.2. Read the pricelist prior to visiting the Clinic's specialists;
 - 2.2.3. Follow all the instructions and recommendations of the Clinic specialists and medical personnel regarding the Services provided and the use of their results;
 - 2.2.4. Provide objective and reliable information necessary for the provision of services;
 - 2.2.5. Visit for treatment at a strictly appointed time coordinated with the Clinic specialist or manager. If the Client is unable to visit the Clinic in the agreed time, the Client must notify the Clinic specialist or manager about it not later than two (2) hours before the visit time;
 - 2.2.6. Be polite and follow all rules established in the Clinic;
 - 2.2.7. Pay for the Services according to the Clinic's services pricelist in the manner and based on the conditions set forth in the Paragraph 4 hereof;
 - 2.2.8. Visit the Clinic on the dates specified in the Client's medical treatment record to have the required preventive examinations not less than once in six (6) months during the warranty period, when it is prescribed by the Clinic's regulations. If the Client fails to visit the Clinic for preventive examinations at the appointed time and in other cases listed herein or in the Client's medical treatment record, the Client shall forfeit the rights granted under the Paragraph 5 hereof;
 - 2.2.9. If the Client is served as the insured under a voluntary health (medical) insurance contract, the Client shall:
 - a) Inform the Clinic about the remaining amount of the Client's set service limit in dental clinics;
 - b) Submit the documents which confirm the Client's right to get dental care under the voluntary health (medical) insurance contract, agreed in the contract between the Clinic and insurance company;
 - c) Know the personal insurance program and the list of services covered by such insurance program.
 - 2.2.10 Read the Informed Consent for each type of planned medical intervention (Appendix No. 1-8 to this Agreement).

ARTICLE 3. QUALITY OF SERVICES

- 3.1. The Clinic shall confirm that the quality of its Services (works performed) and materials used for performing such Services comply with all the requirements and standards established in the Republic of Kazakhstan.

ARTICLE 4. SERVICE PRICE AND PAYMENT PROCEDURE

- 4.1. The Client shall pay for each visit to the Clinic based on the Clinic's current pricelist according to the Specification of Services provided. If the Clinic renders services to the Client, being an insured under a



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voluntary health insurance contract, services rates for this Client shall be agreed individually between the Clinic and company that has concluded the clients' service contract with the Clinic under the voluntary health insurance program.

4.2. Unless other payment procedure is agreed between the Clinic and the Client, in accordance with the Paragraph 4.1 hereof, the Client shall pay for the Services based on the Specification of Services provided on the date of Services completion, except for the following:

4.2.1. Orthopedic services (including ceramic inserts) to be paid by the Client as follows:

- 50% of the Service cost to be paid on the date of the first visit to the Clinic's specialist (impression for making the dental prosthesis);
- 50% of the Service cost to be paid on the date of structure installation in the mouth cavity.

4.2.2. Orthopedic services in the amount of 100% of the service cost to be paid on the date of installation of the orthodontic structure.

4.3. If the Clinic renders services to the Client, being an insured under a voluntary health insurance contract, Clinic's service provided to the Client shall be paid by the insurance company which has accepted the Client for voluntary health insurance within the dental services limit defined.

4.4. Pursuant to the provisions described in the Paragraphs 4.1-4.2 hereof, the Client shall individually pay for the Company Services, in case of insufficient limit extent (funds balance within the limit) established by the insurance company, or if these Company Services are not covered by the program of the insurance company.

ARTICLE 5. WARRANTY LIABILITIES

5.1. Subject to the Client's duly following of all recommendations and rules as set forth in this Agreement and other documents of the Clinic, which have been read and understood by the Client and which implementation is consented by the Client, the Clinic shall guarantee that the Services will be provided in a quality manner, and that the products and materials used in the Services will serve properly and its purpose in the following periods, as minimum:

- 36 (thirty six) months: for the dental fillings upon the date of their installation;
- 60 (sixty) months: for the ceramic inserts upon the date of their installation in the mouth cavity;
- 12 (twelve) months: for the dental fillings in case of dental care on the baby's teeth;
- 12 (twelve) months: for the orthopedic structures upon the date of their installation in the mouth cavity.

5.2. Despite the provisions provided in the Paragraph 5.1 hereof, the Client realizes and agrees that the products and materials used in the Services cannot be more strong, efficient, comfortable and durable than the equivalent natural dental or other material.

5.3. In addition, the Client assumes full responsibility for any use of the product (prosthesis, dental filling or other) installed for the purposes other than that intended, for non-fulfillment of the Clinic's requirements and recommendations, and for all the adverse effects of such use.

5.4. Warranty for the results of Services provided to the Client under the Paragraph 5.1 hereof shall terminate early, if any of the following cases found during the Client's referral under the Clinic's warranty.

- the Client had the therapeutic or other medical procedures related to the Clinic-made treatment item in the other healthcare facility, regardless of the scope of the medical services provided to the Client in the other healthcare facility;
- that the item (prosthesis, dental filling or other) condition has deteriorated due to the Client's non-compliance or other violation of the other Clinic's instructions and (or) the recommendations as admitted by the Client within the warranty period;
- that the item (prosthesis, dental filling or other) condition has deteriorated due to the other reasons beyond the Clinic's control, including the reason of the Client's previous or existing (continuing) diseases, due to the injuries, physical damage, a general decrease in the immune system condition, or other similar circumstances;
- that the Patient did not attend the mandatory preventive examinations for more than 6 months.

5.5. In all cases mentioned in the Paragraph 5.4 hereof, the Client shall pay for all curative measures at the Clinic's prices and rates effective as of the date of relevant referral for medical treatment.

5.6. The following cases shall not be covered with the warranty:



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- a) Subject to the dental restoration earlier treated in the other healthcare facilities due to the extensive tooth caries;
- b) Progression or exacerbation of the inflammatory teeth treated due to the extensive tooth caries;
- c) Progression of the inflammatory disorder during treatment of the pronounced caries;
- d) In case of the Patient's refusal from the Clinic-offered reasonable treatment plan, subject to all effects reservation.

ARTICLE 6. SPECIAL CONDITIONS

6.1. The Client is warned and agrees that the successful Services result cannot be totally guaranteed, despite the high professionalism and experience of the Clinic's specialists, as this result may depend on the Client's medical condition and individual body characteristics, on the extent of acceptability of any medicines, indications and contraindications, decrease in the immune system, previous stresses, adverse temperature exposure, as well as any external factors that may cause any unexpected complications during the medical treatment (other service) and upon its completion:

- the Patient may have some soreness and discomfort after the Services. These soreness and discomfort cannot be considered as insufficient service, as it is an integral part of the body adaptation process, healing process and the dentition restoration process;
- that the Client's treatment methods and procedures (prosthesis or other services) requirements those differ from the methods and procedures proposed by the Clinic's specialists may deteriorate the Services quality or entitle the Clinic to refuse from rendering Services hereunder.

6.2. Based on the provisions set forth in the Paragraph 6.1., prior to the Services start and after it, the Client agrees to notify the Clinic truly in a timely manner about the personal medical condition, previous diseases, and to assist the Clinic in every way to find out the true causes that caused deterioration of condition of the Services items (other services).

6.3. The Clinic will immediately notify the Client, if it becomes clear and evident that the Clinic is not able to ensure the successful Service result. In this case, the Client shall have the right to refuse from further Service and compensate the Clinic for the actual expenses incurred for services rendering prior to the Client's refusal.

ARTICLE 7. TERM OF THE AGREEMENT

7.1 This Agreement shall enter into force on the date of accession by the Customer and shall be deemed to be concluded for an indefinite period.

7.2 The Client has the right to terminate the Agreement at any time, reimbursing the Clinic for the actually rendered Services and losses incurred due to the Agreement termination.

7.3 The Clinic has the right to unilaterally repudiate the Agreement without any liability to compensate the Client for any losses only in case of Client violating the Agreement conditions or in other cases as specified in the Agreement.

7.4. The Party wishing to terminate the Agreement unilaterally is obliged to notify the other Party in writing 10 (ten) calendar days before the date of termination of the Agreement. The Party sends such notification to the legal or email address of the other Party.

ARTICLE 8. DISPUTES RESOLUTION

8.1. In case of any disputes between the Clinic and the Client, these disputes shall be settled amicably through the direct negotiations between the Clinic and the Client.

8.2. If the dispute between the Clinic and the Client is not resolved, it shall be settled in the court of Almaty city (at the location of the Clinic's head office) in the manner prescribed by the legislation of the Republic of Kazakhstan.

ARTICLE 9. MISCELLANEOUS

9.1. By acceding to this Agreement, the Client agrees to photographing, video recording and X-rays procedure made by the Clinic during the Services for the purpose to ensure the quality control. In this case, the Clinic shall guarantee to ensure the Client's confidentiality and protection in accordance with the



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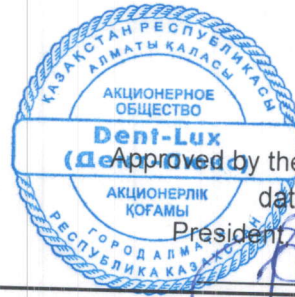
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President, Denti-Lux JSC

Law of the Republic of Kazakhstan No. 94-V dated May 21, 2013 "On Personal Data and their Protection".

9.2. By acceding to this Agreement, the Client approves the Clinic to collect, file, generate, store and process the Client's personal data, including the automated processing methods, in accordance with the RoK Law "On Personal Data and their Protection", and inform the Patient about the Clinic's Services via telephone, postal communications and e-mail.



Dental Clinics



Approved by the Order No. 80 dated 21.05.2021
President Dent-Lux JSC

Appendix No. 1 to the Agreement for the provision of dental services

**CONSENT FORM
to the treatment of deep dental caries with the probability of an inflammatory cariosity moving into the pulp**

I was informed by doctor that a dental treatment with a diagnosis of "deep dental caries" is indicated and recommended to me.

Doctor explained to me the recommended method of treatment in order to preserve the vital activity of the pulp, and the consequences that may occur if I refuse the treatment or do not follow the doctor's recommendations after the treatment. Amongst other things I am warned that after the treatment, there may be a sense of discomfort, pain, that can last from several hours to several days, for the elimination of which doctor will prescribe medications if he considers it necessary.

I am also warned that due to the deep spread of the cariosity in the case of the pulp chamber of the tooth, there is a possibility of damage of the pulp tissues. In case of progression of the inflammatory process, I am warned that it will be necessary to carry out root canal treatment (removal of nerve terminals) of such tooth. Symptoms of the progression of the process, indicating the presence of endodontitis, are, in most cases:

1. Severe (usually nocturnal) pain in the tooth after treatment, that may increase over time.
2. Intensifying pain when biting (pressure) on such tooth.
3. Inflammatory process in the periapical tissues of such tooth noticeable on a dental radiograph.

It was explained to me that on the dates indicated below I have to attend a second examination so that doctor can perform a visual inspection, evaluate the treatment results, adjust the treatment plan, and perform an X-ray control of the tooth.

I am warned that when treating deep dental caries, the Clinic's guarantee does not extend and does not cover cases of endodontitis progression or an exacerbation of the inflammatory process in the tooth pulp.

Doctor answered all my questions, and I fully understand everything that was said above in this consent form.



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Approved by the Order No. 80
dated 21.05.2021
President, Dent-Lux JSC

Appendix No. 2 to the Agreement for the provision of dental services

Informed consent to treatment without warranty.

I was fully informed by the doctor about my disease, and I understand the seriousness of my condition. I was offered a treatment plan that I refused. I understand that rejection of the proposed optimal treatment plan may result in complications and that the expected treatment result may not be achieved.

All the consequences that may arise as a result of treatment have been explained to me and I fully agree with all the risks. The clinic and its staff are not responsible for complications that may arise in the future.

I understand and agree that this type of dental treatment is not subject to the warranty obligations established by the agreement for the provision of dental services.



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Approved by the Order No. 80 dated 21.05.2021
President, Dent-Lux JSC

Appendix No. 3 to the Agreement for the provision of dental services

Consent to Teeth Whitening

I was informed by a dentist at the Ambassador Clinic that:

1. The technology is based on the use of a gel with a high content of carbamide peroxide. When activated, active oxygen is released, which destroys the enamel pigments. I certify that I am not allergic to this ingredient.
 2. I understand that the advantage of clinical whitening is that teeth can be whitened relatively quickly in a simple way.
 3. I am aware that the risk lies in the prolonged use of the peroxide solution for a long period of time, which can lead to the appearance of teeth sensitivity, both at the time of the whitening procedure, and persist afterwards for no more than a week.
 4. The degree of sensitivity of all patients is individual and the doctor cannot predict it.
 5. If the teeth become sensitive during the whitening process, it is necessary to apply a desensitizing toothpaste (Sensetive) or patented desensitizing agent/fluoride gel into the tray and to put on the tray overnight.
 6. The long-term effects of treatment are not yet known; they are individual for each patient.
 7. The degree of whitening is individual, the doctor cannot predict the final result of whitening. If I am dissatisfied with the result, I will not make a claim to the doctor and clinic.
 8. It is recommended not to smoke during the course of the whitening treatment, at least 3-4 weeks.
 9. I understand that you cannot use whitening treatment if you are pregnant or breastfeeding. No side effects have been reported, but the results of long-term clinical trials are not known.
- I agree to the treatment and take responsibility for all the risks described above.
- I agree to be photographed. I understand that photographs can be used to document and illustrate my treatment.



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Approved by the Order No. 80 dated 21.05.2021
President, Dent-Lux JSC

Appendix No. 4 to the Agreement for the provision of dental services

Consent to endodontic treatment

I was informed by the doctor of the Ambassador Dental Clinic that I am indicated for the treatment of the root canals of the tooth (teeth).

The doctor explained to me:

Method and way of performing the proposed treatment, the advantage of root canal treatment over removal and the consequences that may occur if the treatment is not performed.

Possible complications under the influence of anesthesia: soft tissue edema, hemorrhage at the injection site, decreased attention, allergic reactions.

Possible complications: a certain percentage of ineffective endodontic treatment due to its medical specifics, individual characteristics of the structure of the root canals of the teeth of a particular patient and the state of his health; retreatment of the root canals of the teeth after a while or carrying out surgical intervention in the area of the tissues surrounding the tooth, or even the extraction of the tooth; breakage of the instrument (file) inside the root canal and the impossibility of its extraction.

When retreating previously sealed canals of the tooth (teeth), the success of treatment is significantly reduced, which is associated with: the impossibility (in some cases) to remove an old filling material or a metal post from the root canal; with strong calcification of root canals, which in some cases increases the likelihood of various complications (perforation, instrument breakage); with curvature of root canals.

Possible complications during retreatment of a tooth covered with a crown, or which is a support for a denture (removable or fixed): the need to remove a fixed denture, a fracture of the tooth, which can lead to its removal.

I was informed that after root canal treatment my tooth will be more fragile and will need to be protected from fracture by placing a crown (inlay).

I was named and agreed with: technologies (methods) and materials that will be used in the treatment process, the timing of the treatment, the cost of individual procedures (stages) and treatment in general. At the same time, I know that during the course of treatment, the cost may change due to circumstances that are difficult to foresee.

It was explained to me that in the treatment of root canals, the warranty does not cover the progression or exacerbation of the inflammatory process.

I understand that after 6 months I have to come for a second examination so that the doctor can evaluate the results of root canal treatment.

The doctor answered all my questions and I fully understand everything that is said above in this conciliation form.



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Approved by the Order No. 80
dated 21.05.2021
President, Dent-Lux JSC

Appendix No. 5 to the Agreement for the provision of dental services

Informed voluntary consent to restorative orthopedic treatment

(ceramic restorations (inlays, onlays))

I confirm that the doctor explained to me the method and stages of the proposed treatment.

It was explained to me that restorative orthopedic treatment is aimed at restoring a tooth by making a denture, which ensures the restoration of the anatomical shape of the tooth, taking into account its color and shades, as well as an adequate distribution of the pressure due to the restoration of contacts with antagonist teeth.

Ceramic restorations are an orthopedic construction manufactured in a dental laboratory and fixed in the prepared tooth cavity with a special hardening substance, which ensures the restoration of the crown (supragingival) part of the tooth. During the first visit, the tooth is thoroughly cleaned of damaged tissue under local anesthesia to prepare it for further restoration. Impressions are taken. During the second visit, the specialist will install the ceramic restoration for you. Namely, he fixes it using an aesthetic composite. I agree that the ceramic restoration will take a few days to complete. I agree that in some cases, the fabrication of a ceramic restoration may take longer due to alteration of the ceramic restoration, if for some reason it does not meet the clinical requirements.

I am informed that the application of ceramic restorations should not be over-tightened, since temporary filling material cannot perform its functions for a long time. This can lead to nerve diseases of the prepared teeth, gum disease, problems with my bite.

I am informed that alternative methods of treatment are restoration of a decayed tooth with filling material (with and without strengthening pins), crowns, tooth extraction or no treatment at all.

I have been warned about the following possible consequences and complications beyond the control of the doctor and the clinic after the medical intervention: individual allergic reaction, intolerance to certain materials and medicinal drugs, burning sensation, soreness, discomfort. It is also possible that the teeth become more sensitive after grinding, which passes after a while.

The doctor warned that in some cases with very deep lesions, when the dead tooth tissue is removed from the carious cavity, a chronic inflamed process in the tooth nerve can be exposed. In this case, if the doctor decides on the removal of the nerve and root canal treatment, then I will agree to endodontic treatment.

I am informed that, according to the scientific literature, pathological changes in the nerve of the tooth appear even when the caries of the tooth is still in the stain stage, so there is no guarantee that this tooth will never hurt again in my life. This is a rare complication, but if it develops, I will agree to endodontic treatment for a fee.

The doctor informed me that I will have to express all my wishes regarding the size, color and shape of my ceramic restorations before gluing them into the teeth, because after permanent fixation it will be impossible to change anything (except for the final adjustment of the occlusion).

The doctor explained to me how to care for teeth with restoration and I understand that after 6 months I have to come for a second examination so that the doctor can evaluate the results of the restoration. The warranty will be valid if I come for preventive examinations every 6 months.

Also, I have been warned about the need for accurate and thorough implementation of the doctor's recommendations after the treatment. I had the opportunity to ask the doctor all my questions and received answers to them that satisfied me, and on the basis of the above, I voluntarily and consciously decide to carry out this medical intervention.



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Approved by the Order No. 80
dated 21.05.2021
President, Dent-Lux JSC

Appendix No. 6 to the Agreement for the provision of dental services

Consent to orthopedic treatment

I consent to orthopedic dental treatment using local injection anesthesia, in accordance with the Treatment plan of clinic Ambassador.

1. I was informed about the purpose and nature of the proposed treatment, existing ways and methods of treatment.
 2. The preliminary cost of treatment has been agreed with me, which can be changed due to circumstances that are difficult to foresee.
 3. I have been warned about the possibility of amending the proposed treatment plan and its cost, depending on the situation developing in the process of its implementation, about which the attending physician will promptly warn me.
 4. Understanding the essence of the proposed orthopedic treatment and the uniqueness of my own body, I agree that no one can predict the stability of the results achieved in the long term. I understand that I am guaranteed that all necessary and agreed with me manipulations will be performed in accordance with existing standards and requirements.
 5. I was informed that the dentoalveolar system during a person's life undergoes evolutive development (both with and without a prosthesis), which manifests itself in recession (loss) of the gums, atrophy of the jaw bone tissue, abrasion of the hard tissue of the teeth, in this connection there is a periodical need for correction or alteration of the prosthesis. It is also possible to uncement the prosthesis.
 6. I understand and agree that the manufactured dentures cannot accurately repeat the anatomical shape and position in the dentition of the previously extracted teeth, because the anatomical changes that have occurred in the alveolar process do not allow achieving the desired result.
 7. I understand that getting used to dentures is gradual. After prosthetics, an adaptation period begins, which lasts from one week to six months. The prosthesis must be used prudently and carefully.
 8. I am informed that if the patient does not need an orthopedic structure for more than 3 months, the Clinic is not responsible for the quality of the prosthesis (its compliance with the prosthetic bed after a given period of time) and their safety. This prosthesis will be altered at the expense of the Patient.
 9. I understand the need to maintain thorough oral hygiene, regular follow-up examinations with a doctor, and therefore I undertake to come for follow-up examinations (according to the schedule set for me) and follow all recommendations for hygienic care of teeth and prostheses.
 10. I have been informed that the general warranty period for orthopedic work is 12 months. The warranty for orthopedic work does not apply: on bushings (matrices) and relining of the prosthesis; for the repair of dentures made outside the warranty period, as well as for any repair of dentures made in other clinics; with natural wear of the matrices of removable locking dentures; for the installation of temporary orthopedic structures; the presence of tooth mobility. If, through the fault of the Patient, temporary structures are not replaced with permanent ones; in the presence of a concomitant disease: periodontitis, periodontal disease; I am aware that the warranty will end: if the patient refuses to complete the agreed treatment plan; if the doctor's recommendations are not followed; in case of non-observance of oral hygiene; in case of failure to appear for the next prophylactic examination and refusal to sanitize the oral cavity; with simultaneous dental treatment in another clinic; with a decrease in the immunological reactivity of the Patient's body.
 11. I know that before the delivery of the orthopedic structure, I have the right to demand alterations or adjustments to the work.
 12. I have informed my doctor about all past and present cases of allergy to medicinal and other drugs. I informed the doctor about all the diseases I have and am responsible for the negative consequences caused by providing incomplete/inaccurate information about my state of health.
 13. I confirm that I had the opportunity to ask all my questions regarding my disease and its treatment and received complete and understandable answers to them.
- I certify that I have had full opportunity to read the above, and I fully understand each paragraph of this document.



Dental Clinics



Approved by the Order No. 80 dated 21.05.2021
President, Dent-Lux JSC

Appendix No. 8 to the Agreement for the provision of dental services

Informed consent for dental treatment of a child (up to 15 years old)

I, being the legal representative of the child, have been informed about the child's health condition and the diagnosis given to him. I have received from the staff of the dental clinic "Dent-Lux" full information about the possibilities and conditions for the provision of medical services and I give my consent to the provision of medical services to my child.

I understand that in this clinical situation it is very difficult to make an accurate diagnosis (the degree of tooth damage) and plan the appropriate treatment without resorting to intervention, in connection with which during the treatment it is possible to clarify the diagnosis and correct the planned treatment plan, which will be notified to me by the treating person doctor. The doctor can make a final decision on the treatment plan only after he removes all caries-affected tissues of the tooth (teeth).

I agree that the doctor cannot predict the child's emotional reaction to performing manipulations during dental treatment due to the individual tolerance of manipulations in each child, psycho-emotional state, therefore it is impossible to accurately predict the duration of treatment, the number of necessary visits, the possibility of completing the planned stage of treatment during the current visit. I agree that the Dent-Lux Dental Clinic has the right to refuse treatment for my child at any time if his emotional state and / or behavior creates a threat to harm his health, or makes it impossible to properly provide medical services.

I have informed the doctor about all past and current allergies of the child to medications and drugs. I agree with the possibility of the following complications that may occur during and after treatment:

- 1) a certain percentage (5-10%) of ineffective treatment of milk teeth due to its anatomical and physiological specifics, as well as the individual characteristics of milk teeth in a particular patient and his state of health;
- 2) after treatment of a tooth due to medium-deep or deep caries, pain may appear, with an increase in which the doctor is forced to carry out endodontic treatment (treatment of root canals) for a fee.
- 3) an exacerbation of the disease can occur in more distant terms, it can also be detected during a preventive examination of the patient and this will also lead to endodontic treatment; payment for these manipulations is carried out according to the price list valid on the day the services are provided.
- 4) with endodontic intervention, the appearance of pain in the tooth is possible when biting and chewing;
- 5) during the treatment of periodontitis of milk teeth, an aggravation of the process may occur - this treatment does not apply to this treatment
- 6) after treatment, pathological resorption of the roots of a milk tooth may occur, which can lead to the removal of this tooth.
- 7) when silvering, the color of the tooth (teeth) changes (darkens) and remains until replaced by permanent teeth;

I understand that after anesthesia, the child does not feel the lip for some time, which can lead to biting. I have been informed that my child needs to be monitored after treatment to prevent this complication.

I understand the need for X-ray diagnostics and quality control of treatment.

I agree that no one can predict the exact result of the planned treatment, when treating a complicated form of caries, and I agree that after the treatment, the risk of complications in the form of pulpitis is likely. I understand that a positive result of the treatment of milk teeth disease is not guaranteed, but I am guaranteed that the child will be treated by a specialist of appropriate qualifications, that he will use high-quality materials and tools in compliance with the appropriate methods and rules of the sanitary and epidemiological regime.

I am familiar with the cost of treatment, I had the opportunity to ask all my questions about treatment technologies and the cost of treatment.

Understanding the complexity of the upcoming treatment, I undertake to bring the child for control examinations and monitor the child's compliance with (directly perform) oral hygiene procedures. I have asked all the questions of interest, received comprehensive answers and explanations to them, understand all the words and medical terms used in this document.



Dental Clinics



Approved by the Order No. 80 dated 21.05.2021
President Dent-Lux JSC

I understand and understand that in order to get the best results, I and my child must comply with all the appointments, recommendations and advice of the specialists of the dental clinic "Dent-Lux".
Being warned and informed about all of the above, I am fully aware that medical intervention is indicated for the state of health of my child, in this regard, I voluntarily and quite consciously consent to the provision of dental care, including the method of pain relief: local infiltration anesthesia.
This informed consent is an integral part of the Dental Services Agreement.