



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.