

WHITE CLINIC BELGRADE



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PIB 108397610 MB 63424919
TR: 265-1630310010137-65

Consent for Educational and Scientific Purposes

I _____ understood the goals of sharing my data for the purpose of improving the therapeutic protocol. I am familiar with the presentation of the success of my therapy as well as the risks, the confidentiality of my data, as well as the financial obligations.

I had the opportunity to get additional information by asking questions to which I received appropriate answers.

I accept the proposed procedure and confirm that, in accordance with my knowledge, I have informed the therapist in detail about my health condition.

I hereby give written voluntary consent for my photos taken before and after the therapeutic procedure to be used for display at scientific meetings in accordance with the protection of personal data.

I am not waiving my legal rights by signing this document.

Patient signature

Doctor Signature

Belgrade

Date of consent
