

UNDERTAKING

To: Aesthetic Reconstructive Jaw Surgery Pte Ltd
Course Director and Faculty members, Bone Grafting for Dental Implantology
Course
Osstem Singapore Pte Ltd

I, Dr _____ (dentist), of _____(clinic)

shall be responsible for my patient/s under my care during the “Live Surgery” part of the
“Bone Grafting for Dental Implantology Course”.

We, hereby agree to release and discharge the above addressees from any liability which
may be incurred directly and /or indirectly as a result of any mishap or misfortune arising
from the surgery performed by myself during the course.

We further undertake to indemnify the above addressees against all third parties for any
liability and/or loss which they may incur directly and/or indirectly as a result of my
management of my patient/s as part of the Course.

Signed by:

Dr