ONESPAWORLD

Dental Declaration Form

OSW Staff ID 93706

Surname: ALKAN

First Name: ERKAN

Date of Birth 06/06/1978

Address and Country:

Contact Number: 5050272727

Email address: olkan06erkan@hotmail.com.

Dear Dentist,

Please confirm dental treatment was provided to the person noted above. **Dental treatment should include examination, X-ray and cleaning.**

**Treatment provided:* ☑ Yes *(*If yes, please mark relevant boxes below)* ☐ No

☑ Cleaning
☐ Filling
☐ Extraction
☐ Root Canal
☐ Scaling and Polishing
☐ Other: _____

Please confirm that this patient has a clean bill of Dental hygiene : ☑ Yes ☐ No

**Please state Dentist Name, Stamp, Address (including country) and Telephone Number:*

T. Emre Vural. Park cad. 1821 sok No: 1/A Ankara Gaygolu / Türkiye +90-537 628 72 09

**My signature below signifies that, to the best of my knowledge and belief, all information, and responses above are true and correct.*

Dentist Signature: _____ Date of Appointment: 26.06.2026

Stamp T.EMRE VURAL
Diş hekimi
Diploma no:36527