

UNIVERSITY OF MINNESOTA | SCHOOL OF DENTISTRY | SHAACINTA DIIWAANNADA

TALAABADA 1 AAD: GELI XOGTA BUKAANKA:

Magaca Bukaanka (Magaca Ugu danbeeya, Koobaad, iyo Kan dhexe):	Taariikhda Dhalashadda (Bisha/Maalinta/Sanadka):
Telefoonka:	Lambarka shaxda:

TALAABADA 2 AAD: DOORO ADEEGGA AAD DOONAYSO: Diiwaannada Caafimaadka Ilkaha Keliya

Raajada Ilkaha Keliya Diiwaannada iyo Raajada Ilkaha

TALAABADA 3 AAD: GELI MEESHA AAD DOONAYSO IN XOGTA LOO DIRO: (Fadlan dooro midkood)

<input type="checkbox"/> BOOSTADA UGU DIR (5-7 maalmood oo kuwa shaqada ah): \$15 Magaca: _____ Ciwaanka: _____ Qaybta/Dabaqa: _____ Magaalada/Gobalka: _____ Lambarka Boostada: _____ Taleefoonka: _____	<input type="checkbox"/> IIMEEL AHAAN UGU DIR (2-3 maalmood oo kuwa shaqada): <u>WAA LACAG LA'AAN</u> Magaca: _____ Iimeelka: _____ <input type="checkbox"/> QAAD (5-7 maalmood oo kuwa ganacsiga ah): \$15 (Xafiisk Xogta ee Dabaqa 7aad Isniinta ilaa Jimcada 10 barqanimo ilaa 12 duhurnimo, 2 duhurnimo ilaa 4 galabnimo)
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TALAABADA 4 AAD: SABABTA CODSIGA: _____

TALAABADA 5 AAD: HOOS SAXIIX: (SAXIIXA BUKAANKA AMA WAKIILKA SHARCIGA AH)

Waxaan fahmayaa waxyaabaha soo socda:

1. Xogta la shaacinaayo waxaa ku jiri kara diiwaannada la xariira dabeecada iyo/ama daryeelka caafimaadka dhimirka, khamrada iyo daawaynta maandooriyaha, HIV/AIDS, iyo hide sidayaasha.
2. Waxaan xaq u leeyahay inaan ka laabto ogolaansha si qoraal ah marka doono, marka laga reebo in xogta lagu baxshay daliilka ogolaanshahaan. Ogolaanshaan ayaa laga laaban kara aayadoo la keenaayo ogaysiis qoran oo loo dirayo: University of Minnesota School of Dentistry, ATTN: Privacy Officer, 8-434 Moos Health Sciences Tower, 515 Delaware Street, S.E., Minneapolis, MN 55455.
3. macluumaadka la isticmaalay ama la shaaciyey si waafaqsan ogolaanshahan la marsiin karo dib u shaacin u ku sameynayo helaha isla markaana wixii intaas ka dambeeya uusan difaacayn sharciga federaalku.
4. Xogta la ogolaaday in la shaaciyey waxaa ku jiri kara diiwaannada sheegi kara jiritaanka cudur faafa ama aan faafin.
5. Daawayntayda ama qarashka la iiga qaado daawada laguma shardin karo saxiixa ogolaanshaha.
6. Ogolaanshahaan wuxuu dhacayaa 1 sano kadib taariikhda la saxiixo ee hoose.

Markaad hoos saxiixdo, waxaad aqbalaysaa inaad fahantay aadna aqbalayso shuruudaha foomkaan. Waxaad siinaysaa Kuliyada Caafimaadka Ilkaha ee Jaamacada Minnesota ogolaansho ay ku koobi gayrayso, ku qaadato, boosto ku dirto ama oonleen ku dirto diiwaankaaga una dirto dhinaca kor lagu xusay.

SAXIIXA: _____	TAARIIKHDA: _____
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TALAABADA 6 AAD: GUDBI FOMKA SHAACINTA EE LA GUDBIYAY (IYO LACAGTA HADDII AY JIRTO) MID KAMID AH QAABABKA SOO SOCDA:

BOOSTADA:	FAKIS AMA IIMEEL:	SANDUUQ KU RIDISTA:
University of Minnesota School of Dentistry 515 Delaware Street S.E. - Room 16-205E Minneapolis, MN 55455	Fakiska: 612-625-3227 Iimeelka: dentxray@umn.edu	Moos Tower (School of Dentistry) 7th Floor Xafiiska Xogta

LACAGTA KU BIXI BOOSTADA: jeega keliya. **LACAGTA KU BIXI TALEEFANKA:** (612-625-2495) karka daynta keliya. **TOOS U BIXI LACAGTA:** kaash, jeeg, ama kaarka daynta ood gaynayso xafiiskaad doonto. **OONLEEN KU BIXI:** booqo dentistry.umn.edu/patients/pay waxaad ku dhiibaysaa bartaada lacag bixinta oonleenka ah.