

**DENTIST KUSADASI
HEALTH TOURIST PATIENT/ CLIENT
EXPLICIT CONSENT**

I read and understood the "Clarification Text on the Processing of Personal Data" submitted to me by APEKS AĞIZ DİŞ SAĞLIĞI HİZMETLERİ TİC. LTD. ŞTİ.'nin ("**DENTIST KUSADASI**") and "all my rights" regarding the legislation clearly stated in the text, verbally and in writing, in a language that I can understand, and by DENTIST KUSADASI officials and Dt. Elçin KÖLE I was informed by answering my questions. In line with the matters explained in the clarification text and the provisions in the KVKK and GDPR, I will provide the organization of my contact information from my Personal Data that I have given to DENTIST KUSADASI, in order to carry out my examination, preventive medicine, medical diagnosis, treatment, care and control services, to improve the medical treatment practice applied to me, to remind my appointment dates for continuous treatments and to be informed about the innovations in medical treatment and practices,

- I consent that they are **PROCESSED** by DENTIST KUSADASI for the purposes stated above,
- That they contact me for the fulfilment of the services offered by DENTIST KUSADASI, to be informed about the innovations, campaigns and promotions regarding the services offered, and to **SEND ME AN SMS, E-MAIL, WHATSAPP MESSAGE, AND ESTABLISH MOBILE COMMUNICATIONS via my contact data for celebration and congratulation on special days or I AGREE TO BE REACHED TO ME THROUGH SERVICE PROVIDERS.** *(In the place where the signature section is located, "I have read, understood, I consent" will be written in handwriting.)*

I HAVE READ AND UNDERSTAND THE MATTERS REGARDING THE PROCESSING of my Personal Data and Sensitive Personal Data in accordance with the provisions of the KVKK and GDPR, in line with the KVK Clarification Text and this Explicit Consent Statement. **By DENTIST KUSADASI for the above purposes, my Contact Data from My Personal Data;**

	I consent	-
I'dont consent	<input type="checkbox"/>	<input type="checkbox"/>
To be processes :	<input type="checkbox"/>	<input type="checkbox"/>
To communicate through SMS, e-mail and mobile:	<input type="checkbox"/>	<input type="checkbox"/>

Name-Surname:	Name and Surname of Legal
Date:	Relationship:
Signature:	Date:
	Signature: