

UKODA

Good clinics compete.

Trusted clinics
are chosen.

THE MEMBER
EDITION

OCTOBER 2026



THE ALLIANCE

Exceptional care. Beyond borders.

A patient's journey continues long after the final appointment.

Clinical skill is the foundation of international dentistry. Trust also depends on what surrounds that skill: a clear plan, an understandable conversation and a practical route to help when the patient is home.

UKODA brings together the people and services needed to connect treatment in Türkiye with support in the United Kingdom. The aim is simple: to keep the patient, the original clinic and the next treating professional in the same conversation.



UKODA / ARCHITECTURAL STUDY · ILLUSTRATIVE
INTERIOR

For the patient

A clearer next step when distance makes a concern feel harder to manage.

For the clinic

A UK presence and a shared approach to records, communication and follow-up.

This edition explains the current offer and the proposed working model. Service status is set out on page 4.

CONTENTS

The architecture of continuity.

Five parts. One patient journey.

I	The membership Value, terms and entry to the alliance.	05
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How to use this handbook

Read pages 4 and 7 for the present position. Use the pathways and templates with your clinical lead. Confirm the written service arrangements for each patient before describing a service as available.

Edition 12 October 2026 / British English / 36 pages

EDITION NOTE

A clear position. A credible promise.

What is established, what is being developed and what is still awaiting final terms.

CONFIRMED BY UKODA · 2 OCTOBER

- Annual membership fee: **£2,000**. No membership fees will be collected before the insurance launches.
 - No additional inspection fee; a clinic that fails inspection cannot become a member.
 - UK 3D imaging with DICOM is operating. The quoted patient price is £240.
 - Bromsgrove is the operational office; London is the registered office.
-

IN DEVELOPMENT

- The wider aftercare network, 24/7 contact arrangements and service-specific access.
 - Boutique UK clinical facilities and consultation-event access. A five-person Bromsgrove team is planned.
 - Private monthly clinic reports, a small pilot and the education programme.
-

POLICY TERMS PENDING

Final insurance wording, price, duration, benefits, exclusions and claims process. No cover or reimbursement timetable is promised by this handbook.

The operational model on the following pages is a practical framework for implementation. It does not represent confirmation that every service is live.

I

PART I

A stronger answer to “what happens next?”

A membership built around the patient’s
continuing care and the clinic’s ability to
support it.



You already provide the care. The connection matters too.

UKODA's value is the infrastructure that helps care continue across distance.

01

Confidence before travel

Appropriate UK imaging and better information can support a more considered treatment discussion before the patient arrives.

02

Local clinical access

The developing UK network is intended to provide assessment and suitable aftercare. Each referral depends on clinical need and actual provider availability.

03

A connected case

A concise handover, a named coordinator and a recorded next action help the original clinic remain involved.

04

Learning from experience

Private reporting and the proposed education programme turn recurring questions into practical improvements.

The commercial value

Give the patients you already reach a clearer explanation of what happens after treatment. Membership is not a promise of patient referrals, sales growth or a particular clinical result.

£2,000

per year.

No membership fees will be collected until the insurance launches.

This is UKODA's current commercial position, confirmed by UKODA on 2 October 2026. Clinics can discuss the model and register interest before the insurance arrangements are finalised.

01	Inspection	There is no additional inspection fee. A clinic that does not pass cannot be admitted to membership.
02	Renewal	The second-year fee is expected to remain the same. The renewal fee will be confirmed in the written renewal offer.
03	Price changes	UKODA has confirmed that a clinic may leave following a price increase. The mechanism should be reflected in the agreement.
04	The written offer	The agreement should specify tax treatment, the paid membership start date, renewal terms and any additional service costs before payment.

What the fee supports

UKODA plans to put membership income towards boutique UK dental facilities that members could use for consultation events with a UK-based GDC-registered dentist. Facility access and event arrangements remain in development.

The handbook is a dated summary. Any inconsistency with the issued agreement should be resolved in writing before a clinic signs or pays.

Interest first. Readiness next.

A practical route from an initial conversation to active membership.

01	Introduce your clinic	Explain the UK patients you treat, the questions they ask and the aftercare difficulties your team currently manages.
02	Prepare for review	Have your clinic and clinician credentials, patient-information process, complaints route and relevant practice documents ready. Obtain UKODA's current inspection requirements before review.
03	Complete inspection	Entry depends on a satisfactory inspection. Use the resulting findings to understand any work needed before acceptance.
04	Agree the written terms	Review the current offer, responsibilities, charges, branding permissions and service status. Clarify the dates that apply to your membership.
05	Activate services deliberately	Brief the team and issue the confirmed contact and referral routes. Use only the services that are available for that patient.

Today's next step

An exploratory conversation and a clinic profile are sufficient to begin. A conversation does not itself confer membership, insurance cover or access to an unlaunched service.



PART II

Good decisions begin before treatment.

A clear record can travel ahead of the patient. A clear explanation should travel with it.

A better starting point for the treatment conversation.

UK 3D imaging with DICOM is already operating.

£240

3D imaging + DICOM

UKODA quotation / 2 October 2026.

The receiving dentist can review the dataset alongside the patient's history and relevant clinical information. This supports planning before travel; it does not remove the need for clinical examination or guarantee that the plan will never change.

Clinical justification

The referring and imaging professionals decide which examination is appropriate. CBCT is not an automatic requirement for every patient.

Before booking

Confirm the provider, referral requirements, appointment availability and what is included. Consultation, reporting and any treatment credit are not confirmed by the £240 quotation.



UKODA / ARCHITECTURAL STUDY · ILLUSTRATIVE INTERIOR

The imaging service and an aftercare treatment appointment are different services. Availability of one does not establish availability of the other.

Let the information shape the plan.

UKODA has supported this sequence, subject to the broker's final purchase requirements.

01

Provisional estimate

Explain the initial proposal, its assumptions and what still needs clinical assessment.

02

Assessment and imaging

Arrange clinically necessary investigations. Obtain the relevant reports and transferable records.

03

Written treatment plan

Set out the proposed procedures, alternatives, expected stages, limitations, costs and aftercare arrangements.

04

Patient discussion and acceptance

Give the patient time to ask questions. Record the explanation and their decision.

05 Policy purchase

Once available, use the broker's approved route and purchase deadline. Do not assume purchase after travel or treatment has begun is permitted.

For staged implant treatment

Record each planned visit and the expected healing interval. Cover across stages, extensions and plan changes must be checked against the final policy; they cannot be inferred from the membership.

II / CLEAR COMMUNICATION

A change of plan needs a new conversation.

Patients should understand the clinical reason, the choices and the financial consequence.

An estimate based on remote information may change after examination. Explain this possibility before travel, and distinguish a clinical finding from an optional upgrade.

01	Explain the finding	The clinician explains what has changed, why it matters and the options available, including the implications of delay or declining treatment.
02	Show the difference	Provide the revised treatment and cost information in writing. Identify any effect on visits, recovery, accommodation or aftercare.
03	Check understanding	Ask the patient to describe the next step in their own words. Clarify uncertainty and allow time for questions.
04	Record the decision	Document consent to the specific change before proceeding. A signed form supports the record; it does not replace a discussion.

A useful opening

“The dentist has found something that changes the original plan. Let us go through the finding, your options and the costs together before you decide.”

Practice guidance adapted from GDC, Standards for the Dental Team, Principle 3. Local professional duties continue to apply.

Send the case. Not just the concern.

Suggested minimum handover for an agreed UK assessment or aftercare referral.

CLINIC → UK ASSESSMENT

WORKING TEMPLATE

Case reference

Clinic code, patient identifier and secure contact route.

Treatment summary

Dates, tooth / implant sites, procedures and relevant medical history.

Current concern

Patient's description, onset, symptoms and clinician-assessed urgency.

Records attached

Relevant images and reports, treatment notes and implant / prosthetic details.

People and permissions

Original clinician, coordinator and the authorised information-sharing route.

Next action and funding

Requested assessment, responsible person, cost authorisation and next update.

Use the agreed secure system. Send only information necessary for the referral. The receiving clinician must make their own assessment.



III

PART III

Home again. Still connected.

The patient's location changes. The case history, responsibilities and next step should remain clear.

III / THE CONNECTED CASE

One record. A visible next step.

A proposed coordination workflow for an activated service.

01

Receive

Record the concern, contact details and current location.

02

Assess urgency

A qualified professional determines the clinical response required.

03

Connect

Arrange a suitable provider and transfer the relevant history.

04

Agree

Separate the care plan, consent and payment authorisation.

05

Update

Return findings and the next action to the original clinic and patient.

06

Review

Record the outcome, ongoing needs and case closure.

The coordinator's contribution

Keep the record complete, the next action assigned and the patient informed. The coordinator does not diagnose, determine negligence or approve an insurance claim.

The clinic's familiar coordinator remains part of the conversation. Named UKODA contacts, channels and response arrangements must be confirmed at activation.

III / RESPONSIBILITIES

Clinical decisions. Financial decisions. Clear owners.

Coordination brings these decisions together without confusing them.

01	Patient	Explains the concern, provides relevant information and makes an informed decision about the proposed care.
02	Original clinic	Provides the case history, contributes to clinical discussion and addresses remedial obligations that apply to its treatment.
03	UK treating dentist	Assesses the patient and decides what care they can safely provide, including any urgent action.
04	UKODA	Coordinates the agreed pathway, records communications and helps keep the original clinic informed.
05	Insurer / claims team	Determines policy eligibility and claim decisions under the policy. UKODA does not adjudicate claims.

Keep two approvals distinct

A clinically appropriate treatment is not automatically an insured treatment. A financial authorisation is not a clinical recommendation.

III / SUPPORT ACCESS

Questions do not keep office hours.

Around-the-clock support is part of the intended model. The live arrangements are still being finalised.

The final contact and escalation arrangements will be issued when the service is activated. Response targets and appointment access must reflect the confirmed service; they should not be presented as guaranteed treatment times.



UKODA / ARCHITECTURAL STUDY · ILLUSTRATIVE INTERIOR

Before a patient relies on the service

Provide the confirmed contact route, operating arrangements, escalation procedure and local emergency information. Explain which services are active and which costs require approval.

Urgent symptoms must not wait for administration

In the UK, difficulty breathing, speaking or swallowing, serious swelling, or swelling affecting the eye or vision requires urgent emergency help: call 999 or go to A&E. Suspected dental abscess needs urgent dental assessment. Use the appropriate local urgent dental route if your dentist is unavailable.

Clinical safety reference: NHS, Dental abscess, reviewed 18 March 2026. This is signposting, not a remote diagnosis.

The pathway follows the clinical need.

Assessment comes before assumptions about location, responsibility or cost.

A UK assessment and suitable local care

Examination, appropriate imaging and assessment of pain, healing or a prosthetic concern may establish that the problem can be managed locally. What is provided depends on findings, professional scope, equipment and funding.

B A case-dependent decision

Endodontic care, replacement crowns, temporary restorations and implant components need individual review. Confirm the required skills, compatible parts and laboratory arrangements before choosing a provider.

C An agreed return to Türkiye

Where a return is appropriate, the clinicians and patient agree the plan. Confirm the clinic's remedial responsibility and travel funding before arrangements are booked.

No automatic routing

A complaint label alone does not determine where treatment must happen. The original clinic should receive relevant findings and contribute to the decision without delaying urgent care.

III / CASE STUDY 01

“My crown feels loose. Do I need to fly back?”

Illustrative scenario / no patient data.



UKODA / ARCHITECTURAL STUDY · ILLUSTRATIVE INTERIOR

01	Start with the facts	Record when the movement began, associated symptoms and the patient’s location. Obtain the relevant treatment history.
02	Arrange appropriate assessment	A UK dentist assesses the concern. The message alone cannot establish whether recementation, adjustment or a different treatment is appropriate.
03	Keep the plan connected	Share the findings with the original clinic. Agree any suitable local care, the payment route and follow-up.

A careful first response

“Thank you for telling us. We will help clarify the next assessment and share your treatment details through the agreed route. The dentist will explain what is needed; we will also clarify payment before planned treatment.”

This example illustrates a process. It is not a treatment entitlement or confirmation of insurance cover.

III / CASE STUDY 02

“Something has changed around my implant.”

Illustrative scenario / no patient data.

A report of movement or discomfort needs assessment. It must not be described as implant failure on the basis of a message or photograph alone.

01	Identify the restoration	Obtain the implant system, relevant component details, prosthetic design, treatment dates and available clinical records.
02	Assess and stabilise	The UK clinician evaluates the problem and decides what immediate care is appropriate. Component compatibility and available tools must be checked.
03	Discuss the definitive plan	The clinicians consider whether local treatment is suitable or whether an agreed return is needed. The patient receives an explanation of options and costs.

Temporary restorations

For the pathway described by UKODA, replacement PMMA would currently be sourced from Türkiye; a UK manufacturing route is being explored. Confirm the route for the individual case.

Records that matter

DICOM imaging alone does not necessarily provide the prosthetic design information needed to manufacture a replacement. Request the appropriate laboratory records.

The support pathway should make uncertainty manageable, rather than turn an unverified finding into a conclusion.

III / RETURN TO TÜRKİYE

Agree the care. Then agree the costs.

Three separate responsibilities must be clear before a planned return.

01 Remedial dental treatment

The proposed model places qualifying remedial treatment with the original clinic. The applicable duration is determined by that clinic's own guarantee policy and agreed obligations; UKODA does not set one universal term.

02 Travel and accommodation

The proposed insurance is intended to support eligible return-related costs. Eligibility, approvals and limits will depend on the issued policy.

03 Any remaining cost

Clarify assessment costs, excluded items, extra nights and any patient contribution in writing. Do not assume that the clinic, patient or insurer automatically pays an unapproved expense.

RETURN PLAN / WORKING CHECK

- Clinical reason and agreed treatment plan
- Clinic acceptance and scope of remedial work
- Travel fitness advice from the appropriate clinician
- Bookings, payer and written financial approval
- Accommodation, transfer and review arrangements

A clinic guarantee, professional indemnity and a patient travel/remediation policy are different arrangements. None should be used as shorthand for the others.

III / INSURANCE

Protection, explained with precision.

Policy documentation is awaited. Launch remains dependent on the insurance arrangements.

THE INSURANCE DESCRIPTION

UK Dental Remediation & Travel Protection Insurance policy, arranged through a Chartered insurance broker and underwritten by a market-leading UK composite insurer

The intended model combines eligible UK treatment support with eligible travel and accommodation where a return to Türkiye is required. The scope is subject to the final policy, underwriting, exclusions and the patient's eligibility.

The patient policy

The final documentation will establish purchase requirements, duration, benefits, approval rules, claims and reimbursement. These are not yet confirmed by this edition.

The original clinic

Qualifying remedial dentistry in Türkiye remains the clinic's responsibility under its applicable obligations in the proposed model. Do not represent it as an established policy benefit.

Before purchasing

Obtain the issued policy, benefit schedule and approved purchase information. Check the premium, duration, exclusions, payment arrangements and claim process before relying on cover.

No policy or claim is activated by reading this handbook, expressing interest or becoming a member.

III / CLINICAL CONTINUITY

Your patient relationship. Our proposed support.

Keep the original clinic connected while respecting the patient’s choices.

The purpose of the aftercare pathway is to support the treatment relationship the patient has already established. It should help the original clinic receive findings, join the clinical discussion and understand what happens next.

01	Share for a defined purpose	Use the authorised route and only the information necessary for the case. Confirm patient information and applicable permissions before transfer.
02	Keep marketing separate	Patient data obtained for care should not be repurposed for unrelated marketing. Service documents should make the operating boundaries clear.
03	Protect patient choice	A patient may choose a different provider or seek another opinion. Continuity cannot be presented as ownership of the patient.
04	Separate documents clearly	Treatment consent, privacy information, cross-border data arrangements and any insurance documents serve different purposes. The relevant approved documents must be in place.

Bromsgrove

UKODA has confirmed an operational office in Bromsgrove. A proposed clinical-facility acquisition and shared-site arrangements remain in development; they are not presented here as completed or as a guarantee of access.

Every case can improve the next.

A private learning loop for the clinic, with
communication at the centre of care.



A monthly view of your own cases.

UKODA has supported private monthly reporting. The format below is proposed for the pilot.

MONTHLY CLINIC REVIEW		UNPOPULATED TEMPLATE
Reporting period	Clinic code	
Case activity	Opened, closed and still requiring action.	—
Response and progress	Recorded times to acknowledgement and assessment.	—
Resolution pathway	Local care, agreed return or another documented outcome.	—
Recurring questions	Treatment-stage, communication and cost themes.	—
Record quality	Missing information or repeated handover gaps.	—
Next improvement	Named owner, action and review date.	—

Use evidence, not impressions

Interpret results in context and avoid comparisons based on raw complaint counts. No example performance percentages or benchmark results are represented here as real UKODA data.

This is a private improvement tool. Clinic prices, volumes, commercial contracts, staff details and raw complaint counts are not public marketing content.

A disagreement needs evidence and a route forward.

UKODA has supported dentist-to-dentist discussion and independent review where needed.

01

Listen and document

Record the patient's concern in neutral language. Separate their account, the clinical findings and any assumptions.

02

Gather the relevant evidence

Request the original records and current assessment. Ask the original clinician to explain the treatment and the findings.

03

Connect the clinicians

Arrange discussion where it can clarify the issue. Record points of agreement, outstanding questions and the proposed next step.

04

Escalate proportionately

Where the findings remain disputed, use an agreed independent review route. Who commissions and funds a review must be clear.

05 Explain and follow through

Provide the patient with a reasoned account of the plan, any further review route and the person responsible for the next update.

Care continues during review

Urgent care and the patient's access to relevant information must not be delayed while responsibility, insurance or a complaint is being considered.

IV / EDUCATION PROGRAMME

See the person before the procedure.

Proposed UKODA education for the whole international-patient team.

UKODA's October white paper proposes three seminars each year. Tolga has suggested a compact programme repeated every four months, with a British patient sharing their experience and a UK dentist contributing to discussion.

01

Understanding the journey

Anxiety, expectations, travelling alone and the first conversation.

02

Communicating clearly

Risks, costs, plan changes, language and checking understanding.

03

Aftercare and confidence

Welfare contact, complaints, returning home and learning from feedback.

Two clinic champions

The proposal encourages each participating clinic to nominate two people to bring the learning back to colleagues and gather feedback.

A shared professional space

Invite clinicians, nurses, coordinators, interpreters, reception and transport teams. The purpose is better patient experience, without national stereotypes.

Programme dates, speakers, venues, funding and participation arrangements remain to be confirmed. Training participation is not a clinical qualification or regulatory accreditation.



Small conversations. Practical continuity.

Suggested practices drawn from the education proposal; adapt with the clinic's clinical lead.

01 The first conversation

Introduce the coordinator. Ask what matters to the patient today and whether they would like anyone involved. Do not infer understanding or comfort from a polite “yes”.

02 Check your explanation

“Just so I know I have explained this clearly, could you tell me in your own words what happens next?” Clarify the answer without making the patient feel tested.

03 The evening welfare contact

Following substantial treatment, ask how the patient feels, whether they are managing as instructed, and what is worrying them. Escalate clinical concerns through the clinic's protocol; the contact is not a substitute for assessment.

Make the practice sustainable

Agree who makes the contact, where it is recorded and which clinician handles concerns. A promise made during the day needs an assigned person in the evening.

IV / WORKSHOP EXERCISE

“I thought everything was already included.”

A short role-play for the clinic team / proposed teaching tool.

A patient has travelled after accepting a provisional estimate. Examination identifies an additional procedure. They are worried about cost and feel that the original conversation was misleading.

THREE ROLES		
Patient	Coordinator	Observer
Explain the concern in your own words. Ask what happens if you decline.	Acknowledge the concern and organise a clear explanation.	Note what was clarified and what still needs the clinician.

01	Begin with the concern	“I can see why an unexpected change is worrying. Let us separate the clinical finding, the options and the cost.”
02	Bring in the clinician	Ask the dentist to explain the need, alternatives, timing and implications of not proceeding.
03	Finish with understanding	Provide the revised information, allow time and ask the patient to explain their understanding. Record the decision.

Debrief

Did the patient hear a clear reason? Were alternatives and costs visible? Was the next decision theirs? What one change would make tomorrow’s conversation better?

Test the working model on a small scale.

UKODA has supported a two- or three-clinic pilot. The operating details still need agreement.

Route A / Before treatment

Follow suitable new patients through assessment, imaging, records transfer and treatment-plan discussion. Check where information is missing or delayed.

Route B / Aftercare

Follow suitable existing concerns through local assessment and coordination. Agree funding before accepting a case; do not assume a new policy will cover an existing problem.

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|-----------|-------------------------|---|
| 01 | Before starting | Name the clinical and coordination leads, participating providers, permitted data route and payer for each planned activity. |
| 02 | During the pilot | Record handover completeness, actual response times, patient understanding, unresolved costs and clinical follow-up. |
| 03 | Before expanding | Review the experience with participating clinics. Agree what needs changing and which services are ready to be offered more widely. |
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Patient-experience films

Health Travel TV filming may accompany a pilot only with separate, informed permission. Participation in care must not depend on agreeing to publicity.



PART V

Make the promise useful in practice.

A shared vocabulary, honest service information and a clear next step for the clinic.

Give your team something clear to say.

Use language that matches the service available today.

SUGGESTED INTRODUCTION / CURRENT STAGE

“We are discussing a UKODA pathway designed to connect treatment in Türkiye with UK assessment and aftercare support. UK imaging is already available. The wider service and insurance arrangements will be explained in writing as they are activated.”

Once your clinic is admitted and the relevant service is active, replace the introductory wording with the specific arrangements the patient can actually use. Do not describe an application as accreditation or a proposed benefit as included care.

Health Travel TV

UKODA plans to request suitable existing clinic footage and arrange editing in the UK. Confirm the permissions, output and any agreed costs before supplying material.

Digital care concepts

The website presents a care desk, patient companion and clinic passport as concepts. Demonstrations are not evidence of a live patient service.

Keep the language grounded

Avoid promises of risk-free treatment, guaranteed outcomes, free lifetime care, automatic claim payment or exclusive ownership of the patient relationship.

What a clinic owner will want to know.

Concise answers based on the current position.

Can we explore membership before the insurance launches?

Yes. UKODA is seeking clinic interest at this stage. No membership fees will be collected before the insurance launch.

Is the annual fee £2,000?

That is the current confirmed annual fee. The written offer should clarify tax treatment and the paid start date.

Does UKODA set our guarantee period?

The duration of the clinic's remedial responsibility is determined by its own applicable guarantee and obligations. The applicable guarantee and obligations must be clear to the patient.

Can every problem be treated in the UK?

No universal pathway is promised. Clinical findings, provider capability, compatible components and funding determine the appropriate next step.

How will planned reviews be arranged?

The scope, eligibility and funding of a UK review must be agreed in writing. A free annual check-up is not a confirmed entitlement in this edition.

Does membership mean patients are insured?

No. Insurance requires the relevant policy purchase and eligibility. Its final terms and claims arrangements are still awaited.

Begin with your clinic. Build the connection.

A focused first conversation is enough to identify whether the model meets your needs.

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| 01 | Tell us about your aftercare | Which concerns are hardest to manage when your patients are back in the UK? What information or local access would help most? |
|----|-------------------------------------|---|
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|----|-------------------------------|---|
| 02 | Nominate your contacts | Identify the clinician and coordinator who could work with UKODA on inspection preparation, handovers and service activation. |
|----|-------------------------------|---|
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|----|--|--|
| 03 | Consider the pilot or education programme | Express interest without assuming that a date, place or service entitlement has already been agreed. |
|----|--|--|
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- | | | |
|----|--|---|
| 04 | Review the written arrangements | Before activation, check the service list, contact route, responsibilities, patient documents and commercial terms. |
|----|--|---|
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- MEMBERSHIP ENQUIRIES

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This is not published here as an emergency support line.

Operational office: Bromsgrove. Registered office: 71–75 Shelton Street, Covent Garden, London WC2H 9JQ. A five-person operational team is planned.

PUBLICATION NOTES

A handbook with a clear basis.

Clinic introduction edition / 12 October 2026.

This edition updates the September handbook for the current stage of UKODA's development. It describes the current membership position and separates proposed workflows from confirmed operational services.

Content basis

- Gary Miller, written membership and operational responses, 2 October 2026.
- UKODA, The Psychology of the International Dental Patient, white paper circulated 4 October 2026.
- Tolga Ilgar, seminar-format response, 5 October 2026.
- UKODA website, visual identity and published service presentation, reviewed 12 October 2026.

Professional references

GDC / Standards for the Dental Team / Principle 3

Consent, understanding and changes to treatment.

NHS / Dental abscess

Emergency and urgent dental signposting. Reviewed 18 March 2026.

Document boundaries

This handbook does not constitute an insurance policy, a clinical treatment plan or a signed membership agreement. Clinical duties and patient rights continue to apply. The final policy governs cover; service and membership arrangements must be confirmed in the appropriate written documents.

Architectural imagery is illustrative and created for this editorial edition. It does not identify an operational UKODA clinic or certify a facility's availability. Templates and case studies contain no real patient data.

Revision OCT-2026.3 / Issued for clinic introduction / English edition





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