



Refusal Of Dental Treatment Form Pdf

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We encourage you to modify this form to suit your individual practice and patient needs. As each practice presents unique situations and statutes may vary by state, we recommend that you understand that complications to my teeth, mouth, and/or general health may occur if I do not proceed with the recommended treatment. Fast, Easy & Secure · Trusted By Millions · Paperless Solutions · Paperless Workflow

Service catalog: Document Management, Electronic Signatures, Cloud Storage.

Figure 3. SAMPLE: Informed Refusal* I, _____(patient name)_____refuse _____(specify treatment)_____ as recommended by my dental professional. The risks, benefits, and reasons for the treatment, and the possible outcomes associated with declining treatment have been fully explained. All of my questions have been answered. This file is an informed refusal form that outlines treatment recommendations and their associated risks. Patients can use this document to understand their options regarding dental treatments and the consequences of refusing them.

Refusal of Dental Treatment Form
Patient Name: _____ Date: _____ Risks of Not Having the Recommended Treatment: I understand that complications to my teeth, mouth, and/or general health may occur if I do not proceed with the recommended treatment. These complications include.