

Discussion and Refusal of Treatment

Patient's Informat	ion		
Surname []	Forename [1
Date of Birth []		
Address []	
recommended fo	r me and the cons	tion and refusal form so I may bet equences of my refusal. I wish t nd, to make a well-informed dec	to be provided with enough
I understand that	I may ask any questi	ions I wish regarding the recomme	ended treatment.
Nature of the Rec	ommended Treatm	ent	
It has been recom	mended that I have	the following treatment:	
[]		
	ken, and on my doct	sual examination(s), on any X-ray or's knowledge of my medical and	-
☐ Decay ☐ Broken To ☐ Infection I ☐ Pain ☐ Other [ooth/Teeth Periodontal (gum) di]	isease	
The intended ben	efit of this treatmen	t is: [
The prognosis, or	likelihood of success	s, of this treatment is: []
My treatment is e	stimated to take [] visits to complete.	
My treatment is e	stimated to cost £ [].	
Alternative Treatı	nents		
		e was chosen because it is belie reat my dental condition include:	ved to best suit my needs. I
[1	

No other reasonable treatment option exists for my condition.



[Forename/Surname] I have had an opportunity to ask questions a	about these	alternatives	and any
other treatments I have heard or thought about, including: []		

Risks of the Recommended Treatment

	nt is completely risk free and that my dentist would take ions of my treatment. I understand that some after-treatment r with regularity.
These include: [1

Risks of Not Having the Recommended Treatment

I understand that complications to	o my teeth, mouth, and/or general health may occur if I do not
proceed with the recommended tr	eatment. These complications include:
Γ	1

[Forename/Surname] I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.

Acknowledgment

l, [], have received informa	tion about the proposed	treatment. I have	discussed
my treatment with Den	tist [] and	nave been given an oppo	rtunity to ask ques	stions and
have them fully answ	ered. I understand the	nature of the recommo	ended treatment,	alternate
treatment options, and	the risks of the recomme	ended treatment, and my	refusal of care.	

(The following release is optional.)

I personally assume the risks and consequences of my refusal, and release for myself, my heirs, executors, administrators, or personal representatives those dentists who have been consulted in my case from any and all liability for ill effects which may result from my refusal to consent to the performance of the proposed treatment.

I acknowledge that I have read this document in its entirety, that I fully understand it and that all blank spaces have been either completed or crossed off prior to my signing.

treatment.

I do <u>NOT</u> wish to	o proceed with the recomm	ended t
Forename		
Surname		
Signed		