

Sample Informed Refusal Form

Informed Refusal

Patient Name: _____ Date: _____

Treatment recommendations: _____

The benefit of recommended treatment: _____

The prognosis of the treatment (risks and possible complications): _____

Approximate duration of treatment phases: _____

Estimated cost of treatment: _____

Alternate treatment recommendations: _____

I am provided with this refusal form and information so I may understand the recommended treatment and the consequences of refusing treatment. I have had an opportunity to discuss and ask questions concerning the recommendations and alternative treatment recommendations.

The risks and complications to my oral and overall health have been explained to me if I do not proceed with the recommended treatment.

Complications include: _____

I have received the proposed treatment recommendations with the risks and complication information. I understand the recommendations and risks related to refusal of care.

Signed Patient _____ Date _____

Signed Dentist _____

Signed Witness _____

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