NEW LOOK DENTAL

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REFUSAL CONSENT TO TREATMENT

Dr. has advised me that the treatment listed below has been recommended.
I have had a discussion with Dr. regarding the risks, benefits, and alternatives of this treatment as well as the consequences of not proceeding, and I have had the opportunity to ask him/her any questions I have regarding my concerns about the treatment. All of my questions have been answered to my satisfaction, so that I can confirm that I do not want the treatment.
I release Dr. from any liability for any ill effects that I may suffer from failure to perform the treatment proposed to me.

Name: _____ **Signature:** _____ **Date:**__/__/20__