



Novato Family Dental Care

BE TREATED LIKE FAMILY

DECLINE TREATMENT CONSENT

I, the undersigned patient, am refusing the procedure(s) or course(s) of treatment recommended by the undersigned provider. I understand that my decision is against the advice of the dentist.

I am aware of and understand my dental condition and have discussed several treatment options with the dentist. I have been presented with printed information describing these procedures and the risks and benefits associated with them.

I have been informed of and understand the risks associated with leaving my condition untreated. I am aware that my overall health may be affected by my decision. I will not hold the dentist, dental staff, or anyone associated with the dental practice responsible for changes in my overall health stemming from this condition.

I have had the chance to ask questions and express concerns about my dental condition, the treatment options, and my refusal of treatment. The undersigned provider has answered all my questions and addressed all my concerns. I understand the full scope of the situation and am making an informed decision.

I confirm that I understand this form and the information contained therein. I am a native speaker of English or have been offered the services of a qualified translator who has explained the information in my native tongue.