

## **INFORMED REFUSAL OF RECOMMENDED TREATMENT**

This form and your discussion with your doctor are intended to help you make informed decisions about your oral health care. Your doctor will be happy to answer any questions you may have, and provide you with additional information before you decide whether to sign this document.

Dr. Wassel has recommended saving tooth #\_\_\_\_ by having a root canal and/or crown and/or other restoration completed, and has explained the potential benefits and alternatives.

**After considering the treatment possibilities offered, and having the benefits and risks of each explained to my satisfaction, I have voluntarily chosen to extract tooth #\_\_\_\_.**

### **Risks of Not Having the Recommended Treatment**

I understand that complications with my teeth, mouth and/or general health may occur if I do not proceed with the recommended treatment. My condition may also worsen as a result and/or require additional therapy. Additional complications not listed above are also possible.

### **Acknowledgement**

I, \_\_\_\_\_, acknowledge that my condition has been evaluated and explained to me by Dr. Wassel, who has recommended treatment, as stated above. The doctor has explained to me the nature of the recommended treatment, and the potential risks and alternatives. The risks of my refusal of care have also been explained to me, and I fully understand them. I have had an opportunity to ask questions and have had them answered. With this understanding, I refuse to consent to the recommended treatment and instead have the tooth extracted. I realize that I may reconsider my decision at any time by notifying Dr. Wassel prior to the procedure.

I have read this document in its entirety and I fully understand it. All blank spaces were completed prior to my signing.