



Waiver of Liability

Treatment Declined

Date	
Tooth #	
Treatment Description/Diagnosis	
<p>Dr. Jeong has discussed the importance and recommendations of the above diagnosis:</p> <p>I have received a treatment plan with this detailed information outlined. I have chosen to decline proceeding with Dr's recommended treatment at this time. I understand that this decision is against the recommendation of Dr (name). He has fully informed me as to the complications that may/will arise due to not proceeding with this needed treatment, including but not limited to infection, abscess, broken tooth, loss of tooth and/or tooth pain.</p> <p>Per my signature below, I acknowledge and release both he and the practice of any liability from issues, health concerns &/or problems that may arise as a direct result of my decision.</p>	
Signature	